VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /64-0)

CERTIFICATE OF DEATH

11224245 Reg. Diat. No. 245

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mary County County County
How long in above place of death?3	(If outside city or town-limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	1 (x301- 2 domested Good
630/ Edwarsten Road	Street No
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	1 2 /h C - 1 1 C - 1 1 N - 1
James Edward &	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20. DATE DE DEATH November 8 1945 A M
6.(b) Name of husband or wife Line (James	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Hemorrhand
77 10 28hrsmin.	Shoch
9. Birthplace Canada	Due to Que - abot wowy
(Town, county, and stste)	A head
10. Usuat occupation.	Due to.
11. Industry or business	DUC (U.
12. Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dther conditions
13. Birthplage & slaved	
H 14. Maiden pame Canada French	(Include pregnancy within 3 months of death)
HE 14. Maiden name Caraca Andrew 15. Birthplace England	Majur findings of operations
≥ 15. Birthplace	Date of op.
16. Informant Lamas H. Jamas	Autopsy results
Address 6 301- Edmondon Road	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17 Burial Date thereof 11-10-113	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory. Title Gulk Cana.	Where did injury occur? (City or town) (County) (State)
Location Wash : D.C.	Injured at home, farm, Industry, public place (where?)
0 12 10 1	Means of injuration - short. Injured at work? ho
18. Funeral director.	Nepht medical Examile
Address 3de - 4" st. flt.	23. SIGNATURE Carres). (Joyal
19. 11/8 1945 Umanda Dourse	Address Forestally had pass signed 11-8-45
(Dato rec'd by registrar) Rogistrar	Address Torolnill Pate signed 1 - 072

REORUNAL NOV 14 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

11225245 Reg. Dist. No.

1. PLACE O DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County und Jenges	900 - 1
(If outside city or town limits, write RURAL and give nearest town)	(ix) mad
How long in above place of death? 3 Asso	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Deland Memoral 1902pial	Street No. (If rural, give LOCATION)
How long In hospital or institution? 3 kmo. 1	2.(g) If veteran, name war
3. (a) FULL NAME Claude Randolph Bishop	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W Single	*^
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) It alive, give ageyears	
1. Birth date of deceased (mo., day, yr.) Oct - 15, 1939	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
1 20 9	
6 20hrsmin.	Tracking shall Sudden
9. Birthplace Washington, De	Oue to.
(Town county and state)	
10. Usual occupation	Due to
11. Industry or business	
12. Name Claude R. Sishap.	Dither conditions
13. Birthplace Charlotterville, Va	
	(Include pregnancy within 8 months of death)
14. Maiden name. Wand langer	Major findings of operations.
El 15. Birthplace Vi grance	Date of op.
16. Informant Paospital Woords	Antopsy results
Address Reverdale, Wed	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Braine Mod III 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, eulcide, or homicide. A. P. Ca diant, and Date of Mary. \$3.1745
Cemetery or crematory Fort Lincoln	Where did latery occur? (Servyn, P. Geo. Md
completely of crematory.	(City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director of Blasche asks	Means of Injury Fall from auto Injured at work?
Address Agalleriale and.	acting Deputy
70 6 1-6 8000	23. SIGNATURE M.D. or other
(Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address Hyattsulle, Md Date signed 11-13-45

NOV19 195

CERTIFICAT	re of d
1. PLACE OF DEATH Prince Georges	2. USUAL R
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long In above place of death?	City or town

ESIDENCE (HOME) OF DECEASED: born infants give residence of mother) (If outside city or town limits write RURAL and give nearest town) (If rural, give LOCATION)

Now long in hospital or institution 3. (a) FULL NAME 5. Color or race 4. Sex 8.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Years 8. AGE: It less than one day 9. Birthplace..... (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name... 13. Birthplace 14. Maiden name ///ax 2 15. Birthplace (month) (day) (year)

MEDICAL CERTIFICATION

3. (b) Social Security Number

DURATION

(Include pregnancy within 8 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing;

(County)

. Date signed 11 -22 -45

Accident, suicide, or homicide...... Where did injury occur? (City er town)

Registrar

Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?

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clearly

information of death clear

causes

important.

especially PLAINLY

WRITE

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AND ADDRESS OF THE PARTY OF THE PARTY. RAPOTOT VTODA NOV 27 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (222)

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME 1. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Ten. While Wilcowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife. William: Herry fam Ducker. 7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 45. to 700 2 9 19. 45. and that I last saw h 21. alive on 700 19. 45. Immediate cause of death
8. AGE: Vears Months Bays If less than one day 8. Birthplace Park S. Months Bays If less than one day 9. Birthplace Park S. Months Mo	Due 10. ashesons constructing Small intesting
11. Industry or business Federal government. 12. Name William Namy Oreshaltzer. 13. Birthplace Pa.	Diher conditions 7 shows Within months of death)
14. Malden name. Manual Description of the Manual West, 15. Birthplace Ra- 18. Informant Description of the Manual West, 18. Address	Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
11. Burial, cremation, or removal. Which position (month) (day) (year) Cemetery or crematory. It will be a surface of the control of the con	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. All Chamber Co. Address Co. 19. Nov. 30 19.45 Janus Gevery (Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	Means of injury injured af work? 23. SIGNATURE M. D. or other Address M. D. or other Address M. D. are signed 11-28-45

TORTALO VALLETARIO TATE DILIPANA

DULK (1945

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICA	TE OF DEATH Reg. Dist. No. 245
1. PLACE OF DEATH: County. Live George City or town (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospital, institution, or street address where death occurred: Lean Memory Comments of Institution? How tong in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town. City or town limits, wry RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME James Henry maynard B	3. (b) Social Security Number
4. Sex Male S. Color or race Whitt S. (a) Single, married, widowed, or divorced Separated S. (b) Mame of husband or wite Mary Eleganded S. (c) If alive, give age years T. Birth date of deceased (mo., day, yr.) S. AGE: Years Months Days If less than one day If less than one day If less than one day In lundustry or business T. Industry or business T. Industry or business T. Name Manual 12. Name Manual T. Malden name Manual T. Malden name T. Malden name T. Manual T. Manual T. Malden name T. Manual T.	and that I last saw h
16. Informani Address 17. Chart (Burfal, cremation, or removal. Which?) Cemetery or crematory Location Brootville 18. Funeral director Address Talkursbury (Date rec'd by registrar)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide

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correct age

CERTIFICATE OF DEATH

BUREAU V. S.

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The correct age

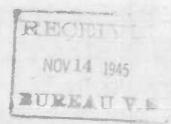
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/70/

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1	1			de	1	4
	Reg.	Dist.	No.	OVI	$\boldsymbol{\varphi}$	

CERTIFIC	CATE OF DEATH Reg. Dist. No. 2184
1. PLAGNOF DEATH: County Cliv or town North Euglewood	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
City or town	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 9 9 - (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME . William Joseph B	radhurst Ar. 3.(b) Social Security Number
4. Sex 5. Color ox race 6. (a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 10 19 45 at 9 1 5 4
6.(6) Hame of husband or wife Ausana Brokhu	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	years and thet I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION . mln.
9. Birthplace (Town county, and state)	Due to Congestul heart follows
10. Usual occupation	Due to Cardio sould plus
12. Name	Other conditions
E 14. Malden name Lauhuu	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Blanche Thiston	Autopsy results
Address north trestourned with 17. Buriel Date thereof 200 4, 19.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Wbich?) (month) (day) (year)	Where did injury occur?
Location Sisterna Many and	Injured at home, farm, industry, public place (where?)
18. Funeral director Thomas Fi Mussay Address 2007 - Nichols are & E	1. Hours of injury Injured at work?
19.201 1945 Formac J Beach Regi	23. SIGNATURE MAD. or other strar Address. Total Mad. Date signed 1 4 4 4 5



VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County for 7-co.	11
City or lower Cathague City 4000 Concerned to	- State Mil County TV COR
(If ontside city or town limits, write RURAL and give nearest town)	City or town Sebron
low long in above place of dealh?	City or town (If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street Mo.
4018- Carkway Herel	(If rural, give LOCATION)
	2.(a) If veleran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Howard Centon, Bradle	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
ma M man il	330
- M Maried	20. DATE OF DEATH 19 7
Golla Milita Bradles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e.(6) Name of husband or wife.	7
	vears il
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of doath
B. AGE: Years Months Days If less than one day	Coronar Occlusion
72 0 14hre.	min.
Dolares	Cardinada
8. Birthelece	Due to
A - (fower county, and neate)	The state of the s
10. Usual occupation	Due 10
11. Industry or business	
12. Name J. Drusley 13. Birthplace	Dther conditions.
\$\frac{13. Birthplace}{}	(Include pregnancy within 8 months of death)
14. Maiden name tourly howard 15. Birthplace May loved	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
2 15. Birthplace Mey laced	Bate of op.
Boulet Tia Plante	Autopsy results.
18, Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
+ Add & Varelwood or Cattage Cely re	
Russ 0 11-117-5	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
(Durial, Cremation, or removal, truice)	Where did injury occur?
Cemetery or crematory	
Localion Alebron med.	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury a Injured at work?
18. Funeral director AUU Cueculus O	Jeb. I wellan Clamer
(Rindello and	myging min
Address / Warranger / Trans	23. SIGNATURE OFFICES IN TOTAL
11/17 US 1/2 de November	23. SIGNATURE M. D. or other
19. (Date fee'd by registrar) 18.45 (manda Weine, Regis	strar Address At Tealing In It was signed 1 - 7-4



2411 N. Charles St., Baltimore /3-/-

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince George's	
City or town (rural) Glenn Dale Mary Land (If outside city or town limits, write RURAL end give nearest town) How long in above place of death? 1. yr	State. De Ce County. Washington (If outside city or town limits, write RURAL and give gearest town) ;
Hospilal, lostitution, or sireet address where death occurred: Lenn Dale Sanatorium	Street No. 810-5th St. N. W.
How long in hospital or institution?	(If rural, give LOCATION)
2 (a) FIRI NAME	3. (b) Social Security Number
Walter (. Br	3.(d) Social Security Humber 579-18-6138
4. Sek 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married (separated)	20. DATE OF DEATH
8.(b) Name of husband or wife Elizabeth B. Brady	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	3-1 19 45. and that I last saw h 1 M alive on 11 - 16 19 45.
7. Birth date of deceased (mo., day, yr.) January 21, 1897	
8. AGE: Years Months Days If less than one day	Immediate couse of death DURATION
48 9 26brsmlo.	- La alvancel
8. Sirthptace	Due to
(Tuwn, county, and state)	Tuberenlano Canyngitio 2 miso
10. Usoal occupation. Barber	Due to
1t. Industry or business	
12. Name C. O. Brady 13. Birthplace Prince George's Co., Maryland	Other conditions
	(Include pregnancy within 3 munths of death)
# 14. Maiden name Mary Day	Major findings of operations.
14. Maiden name Prince George's, Co., Maryland	Major analogs of operations
t6. leformant Decedent	Autopsy results.
to, recommend	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address and the state of the st	22. VIOLENCE: 11 death was due to external causes, fill to the following;
(Burial, cremation, or removal, Which?) Date thereof (munth) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory washing than DC	Where did injury occur?
	Injured at home, tarm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Policette matteringly	D 00 M.
Address /3/. 11 - St & E / North DC	23. SIGNATURE Daniel Co Finisher M. D. or other
19. "//6 (Vate rec'd by registrar) 18 45. Kowland Milya Registrar	Address Slemy Dale Md Date signed 11/6/45

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

RECUEED NOV 20 1945

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.78

CERTIFICATE OF DEATH

					1106. 2101. 1101	
1. PLACE OF DEA	TH: George's			2. USUAL RESIDENCE (HOME) OF DE	CEASED:	
		т т	77 7			
City or town (PUP	al) Glenn	пате,	Maryland URAL and give nearest town)			***************************************
			days	City or town Washington (If outside city or town limits, wri		
Hospital, Institution, or	ot geath?ta	death accurred		11		
			lm.	Street No. 1471 Monroe S		
How long in hospital or					LIION)	/
		V. d A g 6501	dMay.d	2.(a) It veteran, name war		***************************************
3. (a) FULL NAME		1	1 0	3.	. (b) Social Security 1	Number
	DE	MA	. h. DROW	N	578-03-	1321
4. Set	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERT	TFICATION	
Female	White	Ma:	rried (separated)	20. DATE OF DEATH Nov 27 The	1945	21 7 50 N
	Verm	on Mil	o Brown	21. I CERTIFY that death occurred on the date above sta	ted: that I attended decea	sed from
8.(0) Namo of nuseand o			2	Nov 100 1844	10 Noy 2	74 19 45
7. Birth date of		6.(4	e) if alive, give ageyears	and that I last saw h. Q. alive on	2,7 ten	1945
deceased (mo., day, yr	, August	11, 19	907	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	tf less than one day	Immediate cause of death	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hero
38	2	76		(1000 - con can alleland	0	- Lagran
		10		Velmorary Selecc	works	9
8. SirthplaceFai	rfax Coun	tv. Vi	rginia	Due to		1 Mus
	Clerk	courses, and a	· case of y			
10. Usual occopation				Duo to	***************************************	•••••
11. Industry or business				***************************************	***************************************	*************************
量 12. Name. Wi	lliam L.	Jenkin	5	Diher conditions		
12. Name	Fairfa	x Coun	tv. Virginia			
				(Include pregnancy within 3 month	s of death)	F
目 14. Maiden name	Cora B.			Major findings of operations	**************************	
14. Maiden name	Fairf	ax Cou	nty, Virginia			
Г	ecedent			Autopsy results		
16. taformant			0.00T.000.000.000.00T.00T.00T.00T.00T.0	PHYSICIAN: Please underline the cause to which d	eath should be charged	statistically.
Address			24 . 26	22. VIOLENCE: It death was due to external causes, 1	Ill in the following:	
17 Bure	al	Date then	Nov. 30, 1945	Accident, suicide, or homicide		
(Burial, cremation,	or removal. Which?)	-0'	(month) (day) (year)			
Cemetery or cremator	, di ovre	sivil	le Ceureury	Where did injury occur?(City or town)	(County)	(State)
Location File	airkax	Co.	Virginia.	injured at home, tarm, industry, public placo (where?)	***************************************	
0	v.01/1	14-	16-18.	Means of injury	Injured at work?	
18. Funeral director	14000	on to	200	D	1	
Address	skenge	ton	124C.	Hariel Pon	Lines Anna	m.F)
11.	27 011-	-P	D. 1 1 DO'O'	23. SIGNATURE ALAMANA ARD	M. D. c	or other
19. (Date rec'd by reg	19 T.O.	, lou	Registrer	Paddress O lenn Dale In	Onte signed	11/27/45

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CERTIFICATE OF BURNTH

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

Reg. Diat. No ...

CERTIFICATE	OF	DEATH
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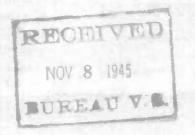
1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
					State D. C. County Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 729-2nd St. S. W. a. (If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FUL	NAME			eorge Henr	y Jr. 3. (b) Social Security N	lumber
4. Sex		. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	yɔ
Male		Colored	Mar	ried (separated)	20. DATE DF DEATH	7
				A. M a	21. I CERTIFY that death occurred on the date above stated; that I attended decea	ed from
		May 30	7927) If allve, give ageyears	and that I last saw h	3 19 4
deceased (n 8. AGE:	Years 24	Months 5	Days 15	if less than one day	Immediate cause of death. Pulmonary tube culoair	5 mos
9. Birthplace. 10. Usual occ ff. Industry o	upation business	Cafete	ria Wor	tate)	Bus 10. Tubulous enterocolita Other conditions	3 weeks
12. Name 13. Births				rth Carolina		#+44++++++++++++++++++++++++++++++++++
41	lace De		hea Bro rth Car	olina	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.	
		toremoval, Which?)	of (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged a 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location	Wa	hujton		1.011.	Injured at home, farm, industry, public place (where?)	
Address	62 0-14	1 Fla	Row	Land & Philips	23. SIGNATURE DANIEL RO FINICA M. D. O. Bate signed	74.D_ other

MARYLAND STATE DEPARTMENT OF REALTH

DEPENDENCE OF



MARYLAND STATE DEPARTMENT OF HEALTH The 2411 N. Charles St., Baltimore 4640 CERTIFICATE OF DEATH supplied. Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County pe (If outside city or town limits, write RURAL NEAR and give town) information should carefully of death clearly and legibly. Street address, hospital, or institution; (If outside city optown limits, write RURAL NEAR and give town) Stay in hospital or inst. (yrs., or mos., or days) (If rural give LOCATION) Stay in this community (yrs., or mos., or days) 2(a) IF VETERAN, NAME WAR ____ 3. (a) FULL NAME 3. (b) Social Security Number Nona uscher 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING Every item of write the causes 6(c) If alive, give age. 7. Birth date of deceased (mo., day, yr.) Immediate cause of death DURATION 8. AGE: Years Days tf less than one day please UNFADING Physicians: 1D. Usual occupation 11. Industry or business 13. Birthplace important. (Include pregnancy within 3 months of death) **PHYSICIAN** Major findings: Please underline 15. Birthplace the cause to which death should be 16. Informant charged statisti-PLAINLY cally. especially Of autopsy ____ Address 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal. Which? (month) (day) (year) Accident, suicide, or homicide WRITE 1 ect age is Where did Injury occur? ___ (City or town) (County) (State) PLEASE WRITI Injured at home, farm, Industry, public place (where?) ___ Means of Injury Injured at work? 18. Funeral director Address (Date rec'd by registrar) Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 176

11235

CERTIFICATE OF DEATH

og Diet No. 240

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of deathy Hospital, institution, or expect address whore death occurred: How long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County City or town. (If oftside pity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h allvo on 19. Immediate cause of death DURATION
9. Birthptace Up Ser Marselvov Maryla. (Town, county, and state) 1D. Usuat occupation Selection (Town, county, and state)	Due to. Tractured base of shull
11. Industry or business 12. Name	Other conditions
14. Maidon name Pareline C. Thompson 15. Birthplaco Manuella C. Thompson	Major findings of operations
18. Informant Address Uffel Morlow, Wy 17. British Bate thereof / - 2/- 45,	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, till in the following: Accident, suicide, or homicide. ACCIDENT Date of 1.1.1.9.
(Burtal, cremation, or remain! Which?) Cemetery or crematory Location Company Co	Where did injury occur? (City or towin) (Connty) (State)
18. Funerat director Principal Blos Address Philip Massiron Philip	Means of toport server a Car Clempton works Cu Crue 23. SIGNATURE 23.
19. Nov 20 19 43 FS Billingsley (Date roo'd by registrar) Registrar	M. D. or other



2411 N. Charles St., Baltimore 9370

M) to	CERTIFICAT	TE OF DEATH Reg. Dist. No. 243
e corr	1. PLACE OF DEATH: County 12 rince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
T. Seite	City or town	State Mary and county Prince Georges
ly. d le	(If outside city or town limits, write RURAL and give nearest town)	City or town Hyatts ville
an	How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
are	5503 - 432 Avenue	Street No. (If rural, give LOCATION)
on c	How long In hospital or Institution?	2.(a) If veteran, name war
ati	3. (a) FULL NAME	3. (b) Social Security Number
orm		alder
inf	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ADING INK. Supply every item of information carefully. The compassions: please write the causes of death clearly and legibly.	Male White Widowed	20. DATE OF DEATH NOURM BEV 20, 19 45, at 5 A M
iter	6.(b) Name of husband or wife Sarah De Graf	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
ry	Calder S.(c) If alive, give age years	March 5 1945 to Nov. 19 1945
eve	7. Birth date of 0 - 4 - 1 - 1 - 0 1 9 5 1	and that I last saw h. 1. Manualive on November 19 45
Ily Wri	deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
apple	6. Add.	Avteriosclerosis 10yrs
Slea	74 Ihrsmin.	Hyprotension
NK.	9. Birthplace (Town, county, and state)	Due to Myo carditis, Chromic 192?
G I	10. Usual occupation Machinist - Retired	Senilitus 7 mg.
NIN ASSIST	11. Industry or business U.S. Navy Yard	000 (0
AD Ph		Dther conditions
UNF.	12. Name Rev. James /K. Calder 13. Birthplace Havris burg Pa.	
. 43		(Include pregnancy within 8 months of death)
WITH I	11. Marger 14.	Major findings of operations
		Date of op.
Y,	16. Informant Mrs. Laura & Stone bratter.	Autopsy results
PLAINLY, is especially	Address 5503 - 43rd Ave. Hyattsville Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
AI	transportation Date the Port 28, 1941.	
PL is e	(Bacial, condition, or removal. Which?) (month) (day) (year)	
덜	Cemetery or crematory Having Cemetery	Where did Injury occur?
WRITE	Location Starrishing Ca.	Injured at home, farm, Industry, public place (where?)
	10 Sund Harden of Gaschie sone.	Means of Injury Injured at work?
PLEASE	18. Funeral director	du 11 7. m. 07.0
EA	Address Sugarierum 1-4,	23. SIGNATURE Wallace M. D.
PL	19 NOT 12 19 45 James Severs	805 Carrell Ave. M. D. of other
	(Date ree'd by registrar) Registrar	Address Date signed Date signed



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)



CERTIFICATE OF DEATH



1. PLACE OF DEATH: County. City or town (If outside city or town limits, frite EURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Prince George's Country Jacopi for How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Russell William Carrell	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	ACTORION OF PRINCIPLON
male white single.	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. 19. #5 - 91. P. M.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	act. 72 19 45 to nov. 8 19 40.
7. Birth date of School 1 School 2 Scho	and that I last saw h. M. alive on No. 8-19.45- 19.
deceased (mo., day, yr.)	Immediato cause of death DURATION
8. AGE: Years Months Days If less than one day	Bream - link - 2mm
18hrsmin.	
0. 2 16. 1 1/2 1/10/ (2)	
9. Birthplace / inec Garge's County Nospital Chevery Md	Due to
tO. Usual occupation	Due to
t1. Industry or business	
12. Name. William A. Hogan 13. Birthplace	Dither conditions
13. Birthpiace Pa	
	(Include pregnancy within 3 months of death)
Tr. malacin manic	Major findings of operations.
El 15. Birthplace Pa	Date of op.
16. Informant Nospital Records	Autopsy results.
	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address h / 1 + 12 + 15	22, VIOLENCE: It death was due to external causes, fill in the tollowing:
17 Birial Bate thereof Nov 10, 19 45	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Gemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Colman mans ma	Injured at home, farm, Industry, public place (where?)
Illial's sons	Means of injury injured at work?
18. Funeral director.	α
Address Stattsville In	Jaka P. (lun-20)
11/18 (15 / 15 / 1/20	23, SIGNATURE M, D, or other
19. (Date rec'd by registrar) Registrar	Address Of yallaville Bate signed 11-9-45

MARTEMAN STATE SAVAGRADAY OF BENEFITS

RECEIVED NOV14 1945 BUREAU V.E.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ery Hem of infor-Exact statement of OCCUPA. LY, WITH UNFADING INK—THIS IS A PERMANENT RECO CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE

V. S. No. 1

STATE OF	MARYL	AND-C	ERTIFICAT	E OF	DEATH	11238
----------	-------	-------	------------------	------	-------	-------

~ 1	. PLACE OF DEATH	52/11/11/200
		93.0
	County Junes Glorge	Registration Dist. No.
	Village or City IM OX Densely	No. 4023 - 34 th St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
		death occurred in a hopital of histitution, give is 174/112. Instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2	FULL NAME GEORGE & Chapma	If U. S. Veteran, specify WAR
	11. 15 5. to	
	(a) Residence: No. 40303 - 34 (Usual place of abode)	St., Ward. If nonresident give city or town and State
Talanc.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORGED (write the word)	21. DATE OF DEATH November (O 193(3 (Year))
5a.	If marriad, widowad, or divorcad	
	HUSBAND of (or) WIFE of Washington	22. HEREBY CERTIFY, Thet I attended decaasad from
	- 19/2	, 19, 10, 19,
	DATE OF BIRTH (month, day, and year) Lung - 15, 1863	I last saw h; death is said
7.	AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.
	\$2 2 26 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca ware as follows: Date of onset
Z	8. Trada, profession, or particular kind of work dona as SPINNER.	
E	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Gentle Congestivil Fart Touling
JPA	9. Industry or business in which work was dona, as SILK MILL,	Judden
OCCUPATION	SAW MILL, BANK, etc	
Ö	this occupetion (month and spant in this occupation year)	
	Rata Mars	Other Contributory Causes of Importance:
12.	(State or country)	
~	7	
FATHER	13. NAME	
AT	14. BIRTHPLACE (city or town)	Nama of operation
-	(Stata or country)	What tast confirmed diagnosis? Wes there an au'opsy?
MOTHER	15. MAIDEN NAME	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
011	16. BIRTHPLACE (city or town) Mass.	Accident, suicide, or homicide?
Σ	(Stata or country)	Whera did injury occur?
17.	INFORMANT abert W. Chapman (Addrass) 4033-340 St. Wit.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Surial	Manner of Injury
	Pleca Mt. Olivet Cometerg Date nov. 14 ,1945	Natura of injury
	William & Malland	24. Was disease or injury In any way related to occupation of deceased?
19	(Address) 3 2 0 0 - R. I live, nt Rainier, md	Il so, specify A
	21. 0. 0	(Signad) Jahrs D. Malanus M. D.
20.	FILED 1.5V 1.5., 19. S. Registrar.	(Noress) Cheverly- Healtsville
	4(6)3141	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Geling Stephing

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

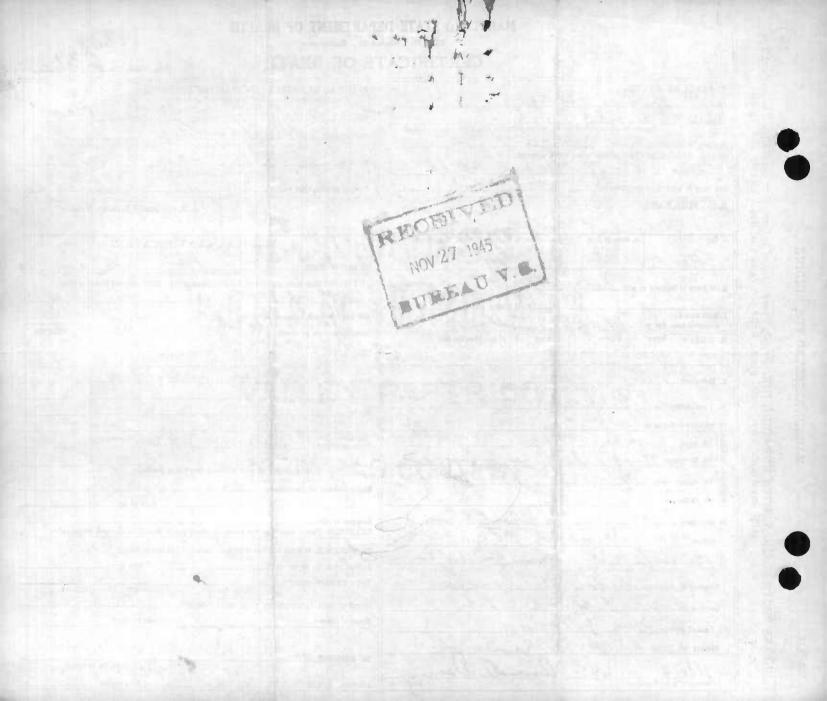


CERTIFICATE OF DEATH



11239

	Reg, Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Deorge	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md. County Prince Tes
How tong in above place of death? 2 9 days	City or town
Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Prince George General Haspt.	Streel No. (If rural, give LOCATION)
How long in hospital or institution?	(It rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Henry W. Cook	
4. Sex 5. Polor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W m	20. DATE OF DEATH 15 4
fail Flindette 6 -le	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife. D. ano. C.	Jan 16 . W. Sal 2-2- 46
7. Birth date of 2 2 2 4 2	75 19 PS 10 POD 119 PS
deceased (mo., day, yr.) May 3, 1872	Ca all 1/2 a 4
8. AGE: Years Months Days If less than one day	Immediate cause of death Over DURATION
7.3 (c	FRANCIST Y
9. Birthplace Md.	. Que to Cerebral / Montors
(Town, county, and state)	
10. Usual occupation	Due to.
11. Industry or business	
12 Name Richard Coak	Other conditions Rependence CV Dulan
12. Name Richard Couk 13. Birtholace England	other conditions
A	(Include pregnancy within 8 months of death)
14. Malden name Harre ?	Major fiudings of operations.
15. Birthplace Dermany	Date of op.
P-1 200 (10.1 11C.)	
16. Informant () The Mark () Color ()	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 6003 Forest Rd Cheverly, Ma	22. VIOLENCE: tf death was due to external causes, fill in the tollowing;
(Burlal, cremation, or removal, Whieh?) Bate thereof Movember 24/94 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 6 saar Hill 6 same feety	Where did injury occur?
1 +9 / 1/ .00 / /	
Location Distillance Rd 7 D. C. Lind	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Wmw. J. Malley	in injure or many
Address 3200-R.J. due. mt. Rainer, pol.	23. SIGNATURE John M. Brufan
11/24 15 Buanda Dan	23. Stone M. II. or other
(Date rec'd by registrar)	Address Three Teo Die signed 11-22-13
	Changua



VS A15

2411	N. Ch	arles St.,	Baltir	nore /8	
CERTI	FICA	ATE (OF I	DEA'	ТН

			241
Reg.	Diat.	No.	470

1. PLACE OF UBATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carrice 7es. Co.	(For newborn infante give residence of mother)
City or town	State County County
	City or town Awardale
How long in above place of death?	(If outside city or sown limits) write RURAL grive nearest town)
Leland men. Hash	Street No. 6 6 20 - M. J. ane Calvert Home
	(If rural, give LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war
Frances Irene Co	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J W Julant	May 22 11-945P
	20. DATE OF DEATH 1947 a/1
6.(6) Name of husband or wife	21. I CERTIFY Thei death occurred on the date above stated; that I atlended deceased from
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) Cet, 8 - 1944	and that I last saw halive on
8. AGE: Years Months Days II less than one day	Immediato cayse of death
0.1101	JAN DEM
8. Birthplace	Due 10 West North
	I how has leave to co
10, Usual occupation.	Due yo.
11. Industry or business	
12. Name Jack D. Cornett	Other conditions
13. Birthplace Jessaia	
	(Include pregnancy within 3 months of death)
14. Maidea name liginia L. Gratz 15. Birthplace Ohio	Major findings of operations
15. Birthplace	Date of op.
18. Informant Myrille J. Stratz, G. markey	Aotopsy results
Address / 119 Cenn St. M. E. alex 3	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
Address 1 19 Colors Colors	22. VIOLENCE: Il death was due lo external causes, fift in the following;
(Burial, cremation, or removal, Which2) (mouth) (day) (year)	Accident, suicide, or homicide a second Date of 11-72-45
Mal Chail Cente	Where did latery occur? Colnect Hells P. S. had
Cemetery or crematory	(City or town) (County) (State)
Location It new y /a	Injured al home, larm, Industry, public place (where?)
18. Funeral director SOW Chamber 6	Means of Injuriolly Carylorn Injured to york? W
	repair medical commen
Address Mallally may faces	23. SIGNATURE devices J. Joyn
1. Nov. 24 , 45 James Levers	M. D. or other
(Pate me'd by wegister) Ragistree	Address - the sun I he Bate placed 1 - 2-3-44



		STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 1941	
1	. PLACE OF DE		2,		92	A
	County	mme	Levi	w	Registration Dist. No. 29	_
	Village or City	Distre	I Ken	lita	No. 512 Ane E St.	Ward
	Length of residence i	n city or town where	death pccurred		death occurred in a hospital or institution, give its NAME instead of street and nucleus	
2	. FULL NAME	Judith	Jean	aller		
	(a) Residence: No	5/2/	Vne de d	Erstent Hate	St., Ward.	
			(Usual place	of abode)	If nonresident give city or town and S	tate
		AND STATIST			MEDICAL CERTIFICATE OF DEATH	
	1	white		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH (Month) (Day)	19# (Yeer)
9	HUSBAND of (or) WIFE of	livorced		V	22. 1 HEREBY CERTIFY. That I attended d	eceased from
_	DATE OF BIRTH (month,	day, and year)	august 2	14, 1940	I last saw h_e alive on	death is sai
7. /	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
_	8. Trade, profession, o	r pertioning	1	ormin.	were as follows:	Date of onse
0	kind of work do SAWYER, BOOK	ne, as SPINNER, KEEPER, etc			(mutal) in the	Aut 19
PAT	9. Industry or busines work was done.	s in which as SILK MILL.	-		sensbed embolic	non
CCUPATION	SAW MILL, BAN 10. Date decessed last	K, etc	11 Total ti	ime (veare)		
0	this occupetion (month end	spar octu	ime (years) nt in this upation		
12	BIRTHPLACE (city or to	was Wiln	instan		Other Contributory Causes of importance:	
	(State or country)	معد	Carrare			
FR	13. NAME	le change	eler Cul	lens		
FATHER	14. BIRTHPLACE (city o		it squ	porte	Name of operation Date of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	(State or country	700.	my show	Cranen /	What test confirmed diegnosis? Was there an au	opsy?
HEK	15. MAIDEN NAME	r town) W L	·	N Lucia	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city o	,	elaman	,	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT (Address)	Lilling and E	asller	Lito md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	CE.
18.	BURIAL, CREMATION &	NEMOVIE - CO	11-	2-1 110	Manner of injury	
	Plac L dan	Aull	Date	, 1973	Nature of injury	
19.	UNDERTAKER WO	w.Ch	ambe	is Co	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED 1//2	194511/2	vs D G	Hill Registrar.	(Signed) William Brancon (Address) Carpetof Heighton M	M. [
		If more	blanks are needed, a	iddress State Registrar.	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7-7-

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related can of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BURRAU V.4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					
11/2/45	Coroner	called +	funnian	to sign	certificati	given
					1220	an ma
						,
		-11-11-11				

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

11242

or, Dist. No. 243

I. PLACE OF DEATH:	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Princa Georgals	
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County
How long in above place of death?	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, institution, or street address where death occurred: Clenn Dale Sanatorium	Street No. 1905 - 14th St. N. W.
How long in hospital or institution? 7 mos., 12 days	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	
ANNA E DAVI	3. (b) Social Security Number
4. Sex 5. Color or rece 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married	20. DATE OF DEATH 19.45 of 12.20 P
8.(b) Name of husband or wife. William Henry Davis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 23 1845 to November 4,1845
7. Sirth date of	and that I last saw here alive on horacles 4 19 65
deceased (mo., dey, yr.) March 1, 1920	Immediato cause of death DURATION
8. AGE: Years Mooths Days tf less than one day	Pulmanan Talendais 7 mg
25 8 3mio.	1/3 4/2
Washington, D. C.	Due to Languaginto, tuberculous /Ma
9. Sirinplace	2 da
to. Usual occopation Govit. Clerk	
f1. Industry or business	Due to
FI 747 -3 - 1 - 5 - 6	Other conditions
	(Include pregnancy within 8 months of death)
# 14. Maiden name Martha Christian	Major findings of operations
14. Malden name Martha Christian 15. Birthplace Lynchburg, Virginia	Date of op.
16. Informant Decedent	Autonsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Charlet to Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory Washington D. C.	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
alfament an alla	Means of injury Injured at work?
1B. Funeral director	0 0 0 .
Address 1452 Gowal All	23 SIGNATURE Daniel Leo Finicane MD.
" More 4 . 45 Rowland & Philips	M. D. or other
(Date rec'd by registrar) Registrar	Address Of Separation May Date signed 11. 4.45

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NOV 20 1945

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

, 2411 N. Charle	ea St., Baltimore 83-7)
CERTIFICAT	TE OF DEATH Reg. Diat. No. 243
1. PLACE OF DEATH: County XC R City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Penus Jerone	2.(a) If veleran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION
6.(b) Name of husband or wife	21. I CERTIFY that death accurred on the date above stated: that i atlanded deceased from 19.45 and that I last saw harmonic accuracy on the date above stated: that i atlanded deceased from 19.45 Immediate capse of death DURATION JACON MISSIES JACON MISS
9. Birthplace	Bue to. Bue to.
11. Industry or business 12. Name	Other conditions
14. Malden name 61: Wash Cooley. 15. Birthplace Waryland.	(Include pregnancy within 8 months of death) Major findings of operations
16. taformani Ot Chart	Autopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory Sarest Oak Gauthersburg	Accideot, suicide, or homicide
18. Funeral director Company W. Barber	Injured at home, farm, Industry, public place (where?) Meaos of Injury Iojured at work?
19. Mars 27. 18 45 Jams Sovery Registrar	23. SIGNATURE M. D. or other M. Or other

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NOV 30 1945

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important.

PLAINLY, vis especially

WRITE

PLEASE

18. Funeral director.

legibl

1. PLACE OF DEATH

How long in above place of death?....

Hospital, institution, or street address where doath occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (102)

CERTIFICATE OF DEATH

town limits, write RURAL and give nearest town)

E OF DEATH	Reg. Dist. No. 2
2. USUAL RESIDENCE (HOME) (For newborn infanta give residence	
State Just	County Truce years
City or town (If outside city or town lie	nits, write RURAL and give neurest town)
41 1 41	

injured at work?

DURATION

Means of Injury

Ragistrar | Address.

(If rurai, give LOCATION) Now long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20, DATE DE DEATH 6.(b) Name of husband or wife ... 6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Immediate cause of death 8. AGE: Days if less than one day (Town, county, and state) 10. Usual occupation. 11. industry or business 12. Name...... 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden name. Major findings of aperations..... 2 15. Birthplace PHYSICIAN: Pleasa underline the cause to which death should be charged statistically, 22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) injured at home, farm, industry, public place (where?)

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1	1	2	4	()

	Reg. Diat. No.
1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (rural) Glenn Dale, Maryland (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 day Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 1 days	State D. C. County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 41 - 15th St. N. E. (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MARIE, LAGLEST	None None
Female White Warried Warried	MEDICAL CERTIFICATION 20. DATE OF DEATH November 3 12 19 45 11 6 25
6.(6) Name of husband or wife. Edgar F. Eagleston. 5.(6) If all ref. give age. 39 years deceased (mo., day, yr.) December 12, 1915	and that f last saw h. L. alive on
8. AGE: Years Moeths Days tf tess than one day 22	Sulvanary When culsus 82000
Description Desc	Bue to
	(Incinde pregnancy within 3 months of death)
Mary Hammond 14. Malden name	(Incinde pregnatey within 3 months of death) Major findings of operations.
16. Informant Decedent	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17 Removel (Burlat, eremation, or removal, Which?) Cemetery or crematory Location to Washington, D.C.	22. VIOLENCE: 1f death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Sulf Human May De Horas Address 48/2- Faller MW Start OC 19 NOV. 3, 1045 Rowland S. Philips	Means of Injury Injured at work? 23. SIGNATURE Daniel Leo Prince M. D. or other M. D. or other
(Date rec'd by registrar) Registrar	Address Village Hale Ma Date signed / 1/3/4

Total, Inc. of meanings of mostly of the

RECEIVED

WOV 14 1945

BURKAUVE

1 DIAGENE DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

11246

Reg. Diat. No. 240

County Puel Gorgo	2. USUAL RESIDENCE (HOME) OF DECEASED:
13	State Many Gounty True Glasges
Cily or town (If outside city or town limits, write RURAL and give nearest town)	73/-
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thomas Reeder	Sarly 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male While Sugar	20. DATE OF DEATH. 19 19 45 at 1:00 Pm
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 25 / 9 0 2	and that I last saw hslive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
U2 11 24min.	J. D. J.
Brandan had	The state of the s
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation	A Dallar
11. Industry or business	Due to
	•
12. Name	Other conditions.
₹ 13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name 15. Birthplace	Major findings of operations.
\$ 15. Birthplace	Oate of op.
16. Interment Millean W. Earl	Autopsy results.
Address Dundu . Will	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17-31-45	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or committee of the committee o	Where did injury occur?
Location Amiles Stille St. Maris Co. M.	//fijured at home, farm, industry, public place (where?)
- 14/ 16/ ne /	Means of Injury Injured at work?
18. Funeral director	Allebut medical Chamins
Address Market Marketon Ma	
Morte 21 115 7.14 Billing Con	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 1 9 4

Marie Committee

NOV 23 1945

BUREAU V. S.

11247

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County PHINCE George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town
Hospital, institution, or street address where death occurred:	Street No. N. A. V. N. F. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME George FinalL	3. (b) Social Security Number NONE
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
More White Morried	20. DATE OF DEATH November 32 18 45 1 7:20 ft.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) M & V. 11. 1874	end that I last saw h Man slive on Alou- 20 19.43
8. AGE: Years Months Days If less than one daymin.	Immediate cause of death Course The Tongue 1 year
Va	Due to.
(Town, county, and state)	996 (V
10. Usual occupation	Bue to
11. Industry or business	900.0
12. Name George Fin 214	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ruskewown 15. Birthplace Ruskewown	Major findings of operations.
	Date of op.
18. Informant EMM & E. FIN &LL	Antopsy results
Address Kenel WOFTE DVE. N.E	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory FOST Succolor	Where did injury occur? (City or town) (County) (State)
Bladen burg. and.	Injured at home, farm, Industry, public place (where?)
Location View Par	Means of Injury Injured at work?
18. Funeral director	0 001
Address 5/// Sf #8-	23. SIGNATURE Leuhen E. Hong M. D. or other
19. Mars L3 1945 Carrel Flamblell Registrar	Address 3417 Munnesola ane. D.C. Date signed 11/22/45

VS A15

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BUREAU V B

PLEASE WRITE PLAINLY,

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

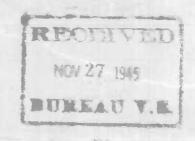
2411 N. Charles St., Baltimore 72

11248

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown. (If outside city or town limits, write RURAL and give nearest town)	State marylund county Price George
How long in above place of death?	City or town (If ootside city or town limits, write RUMAL and give neares () town)
Hospital, <u>lastitution</u> , or street address where death occurred:	Street No. On dredge in Petories Kire
Polonice River	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Chester Cerrol Je	les Fisher 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Anigle	20. DATE OF DEATH 700 25 19. 45 at 1000 Mm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) If allow also are	19, to
7. Birth date of deceased (mo., day, yr.) April 17, 19//	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
3 4hrsmln	1. Copulation
Can + To al . Daniela	de alipaning
9. Birthplace (lown, county, and state)	Upe to
1D. Usual occupation.	Due to.
11. Industry or business Reeding Aund.	
12. Name Louis me Como Fishe 13. Birthplace	Other conditions
₹ 13. Birthplace	
14. Maiden name Clevalth Sulleran	(Inclode pregnancy within 8 months of death)
14. Malden name Classical Sulley and 15. Birthplace Ware Que 1.	Major findings of operations
16. informations marganet, a. No	Autopsy results. On Colored Uate of op.
Atto Roth of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Trill of Villa Man	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide and accident bate of
Cemetery or crematory on K. Cherry pary Juneral to	Where did injury occurs (City or town) (Carunty) (State)
Location Bethesda mg	Injured at home, farm, Industry, public, place (where?) Patonical Rome
7 Genela sone	Means of Injury self the large Injured at work? Yes
18. Funeral director	lepiely medlest frames
Address	23. SIGNATURE O
19. 1/26 19.45 Chranda Danner	23. SIGNATURE M. D. or other M. D. or other



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 486

CERTIFICATE OF DEATH

	. 1	12	4:2	11	5
X	Reg.	Diat.	No.	7	<u></u>

County City or town	(For newborn infants give residence of mother) State County Coun
Ella mae Fogle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marriy, widowed, or divorced 4. Sex 5. Color or race 6.(a) Single, marriy, widowed, or divorced 8. (b) Name of husband or wife 5. Associated 4.	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 5 and that Last saw h. 2. alive on 2. 19.5 Immediate cause of death DURATION
8. AGE: Years Months Bays If less than one day hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation Language Action (Town, county, and state)	Due to.
12. Name. Othert a Coffee 13. Sirthplace Brentonle Va 14. Malden name Marion Wordyand 15. Sirthplace Buckhall Va	Other conditions Conditions Quantum Qu
16. Interment Mr. Down & Frederick Ga. Address Solveton and	Autopsy results
17. Bundle Bate thereof Dec. 2, 1945 (Burial, cremation, or removal, Which?) Cemetery or complete Balley Vision Company	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location	Injured at home, farm, Jodustry, public place (where?) Means of Injury Injured et work? 23. SIGNATURE M. D. or other



PLEASE

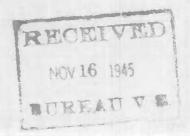
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

	278.79
1. PLACE OF DEATH: County PRINCE GEORGES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
/ DDS40DT	State 12 D. County 181. G & O.
(If outside city or town limits, write RURAL and give nearest town)	City or town COLLEGE PARK
How long in above place of death?	City or town
EDNA MARINE IVURSING HOME	Street No. 46/3 PEXEL SOMD
How long in hospital or institution? 4 140NTHS	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	FOSTER, JR. S. (6) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE OF DEATH 9 0 13 19.45 21 5:35 F
6.(b) Name of husband or wife	21. I DERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of MD W / 9 W ?	July 01 19 45 to Vlow 13 19 45
7. Birth date of deceased (mo., day, yr.) MAY 6, 1943.	and that I last saw h. M. alive on V.L
8. AGE: Years Months Days If less than one day	Immediate cause of death
hrsmin.	Marasamo Inn
9. Birthplace WASHINGTON, D. C.	Due to
Town, county, and state)	Cause underson
10. Usual occupation	Due to
11. Industry or business	
12. Name AURÉ OVERTON FOSTER, SR. I 13. Birthplace MARATHON, NEW YORK	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name MARGARET BRUCE LINXLAT 15. Birthplace NEW YORK CITY,	Major findings of operations.
15. Birthplace / LW / ON / Cl / 4,	Date of op
16. Informant	Autopsy results
Address DRENEL KV. COLLEGE PR. 140	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Date thereof. (month) (day) (Par)	Accident, suicide, or homicide
EDRT LINCA IN (FM)	
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director discharge director	Meens of Injury Injured at work?
Address HYATTJY166EMD.	0-1 - 200 //2
11/15 45 Uma de Da	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Cherry Dyallmille, Wobate signed 11-13-45



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
county frince george	me (H) Hearing
City or town (If outside city or town limits write RURAL and give nearest town)	State County Kull
	City or town Ayattaville
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No Orine Dec. apartments
Vience George Gew. Haspi.	(If rural, give LOCATION)
How iong in hospital or institution? 4 days	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Furry mrs. Katherine	
4. Sex 5. Color or rape 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
9 W W	20. DATE OF DEATH 200 . /4/ 19.75 21 500 MM
	21. I CERTIFY that death occurred on the date above slaled; that I attended deceased from
8.(b) Name of husband or wife	Tuncer 9 19 15 , 10 June 14 19.4 , 1
7. Birth date of C C C G	and that I last saw h. alive on 19.(L.)
deceased (mo., day, yr.) U.A. 2 185-9	,
	Immediate cause of death
o. Act.	The character of
86 / 12hrsmin.	left 7em
9. Birthplace. Wew York (Town, county, and state)	Que to Fall
9. Birthplace	Due to
10. Usual occupation	Que to
11. Industry or business	4
# 12. Name Smith amos	Other conditions Tun ocea ac al always iem
	with hy oceans is the gland
	(Include pregnancy within 3 months of death)
14. Malden name Clerry, Essence 15. Birthplace New York	
S as middeless (1011) (112 ft)	Major findings of operations.
1 13. 8/mplace / Color 90 010	Date of op.
18. Informant Lury Miss Margaret (alle)	Autopay results.
Address Prince, Geo. asp. Hydtterille ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Veince gel, upp. 14 gambrille, ma	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial Fremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(1) -10-11 1 000000	Where did Injury occur?
Cemetery or crematory.	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral directors WW Chambers Co	Means of injury Injured at work?
Address (Ruendala, rys	Contellino.
11/11/11/11/11/11	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address fry offeree co Date signed //-/4/95
(Date pc'd by registrar) Registrar	Audiess



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death cleanly and tegibly

MARYLAND STATE DEPARTMENT OF HEALTH

1	N.	Charles	St.,	Baltimore	93
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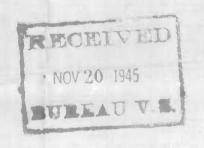
					(
TRATI	FIC	ATE	OF	DE	TH

Date signed 11-13-45

Principle arged CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Serbert Charles Galloway 4. Sex 5. Color or race 8. (a) Single, married, wildowed, of divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Male Colored Married	2D. DATE DF DEATH 97 gvernler 12 19 45 21 9
6.(b) Name of husband or wife Sch. Cy Goldsway	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace	Due to. Due to. Due to.
12. Name Jakoba	Other conditions
14. Malden name Dachel D. Janno 15. Birthplace Wy Linguist Company Address 10110 & Valente hings Comment Comments Address 10110 & Valente hings Comments	Major findings of operations
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Cemetery	Accident, suicide, or homicide
18. Funeral director Handlis Bous Address Bladeus burg and	Injured at home, farm, industry, public place (where?)
1920V 18 1945 Jacobs Slevery (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed 1 - 13 - 45

Address..

VS A15



hould be carefully supplied ACE should be stated EXACTLY, PHYSIOF DEATH in plain terms so that it may be properly classified. Exact s very important. See instructions on back of certificate:

PERMANENT BINDING

V

UNFADING INK---THIS

cation should be carefully supplied

is very important.

Every Item of Information of CIANS should state CAUSE statement of OCCUPATION

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WRI

4. S. No. 1

FOR IS

RESERVED

MARGIN

STATE OF MARYLAND OF DEATH CERTIFICATE

Registration Dist. No. 242

Village or	citairment to gts (No. 906	
	FULL NAME ONLETA 8, 9	1

addison

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Month) (Day) (Year)	Man 192 2. to 1 - 1 , 192 5. that I last saw h & alive on 1 - 10 , 192 1.
7 AGE If LESS than 1 day brs. ds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) m mod drafo
9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) Punis P	Contributory Secondary Durstion 3 yrs mos ds. (Signed) M. D. 1925 (Address) 4832 Pe one Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) (Address) Cornelina & Steerley Filed 1/- 12 1945 Carrie F. Complete	Former or usual residence

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook loborer Form laborer, Laborer—Coal mine, etc. Wom-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; if nature of the business or industry, and therefore an fulness of various pursuits can be known. The ques-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary from en, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation—Precise statement of occupation is very important, so that the relative health Foreman, (b) Automobile factory. The muterial For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Architect, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros ninal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobur peneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock,"
"Truemia," "Weakness," etc., when a definite disease tions, such as tions, such as ic, "Atrophy." "Collapse," "Coma, aic), "Atrophy." "Congenital," "Senile," etc.), "Dropsy, "Debility" ("Congenital," "Senile," "Haemorrhage, "Collapse," "Shock, "Collapse," "Collapse," "Shock, "Collapse," "Collapse," "Collapse, "Collapse," "Collapse, "Collapse," "Collapse, "Collapse inges, perdonaeum, etc., Careinoma, Sarcoma,, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUER PERAL peritonitis," ctc. stited unless important. Example: Measles (disease Whooping approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., scpsis and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anuemia" (merely symptom-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronie interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; anqualified, Never report mere symptoms or terminal condicough; or intercurrent) affection need is indefinite); Tuberculosis of lungs, men-Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A | the data is essential and must be obtained before the certificate is permanently filed.

OF DEATH

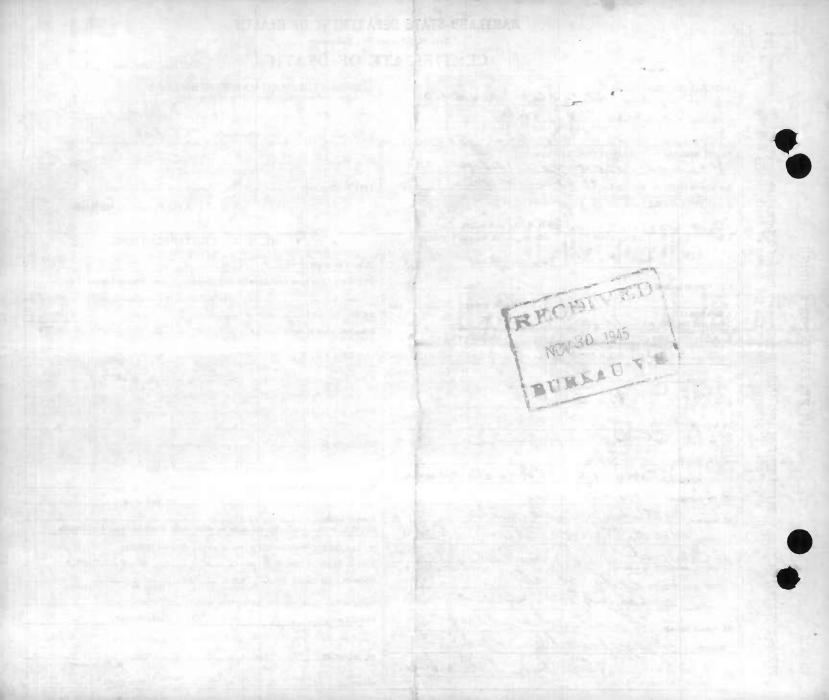
correct age WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly am FOR BINDING RESERVED MARGIN PLAINLY, V WRITE

PLEASE

A15 SA

		CERTIF	ICATE
1. PLACE OF DEATH:	Georges	Hoop.	2.
0 1/	ly r	nd.	St
		RURAL and give nearest to	(CI
Now long in above place of death? Hospital, institution, or street address Now tong in hospitat or institution?	ss where death occurr		S1
3. (a) FULL NAME	0		
	· Gia	au Ta	
4. Sex 5. Color or	- /	gle harried, widowed, or divorce	ed
mu		ingle	20
and the state of t		0	2
7. Birth date of	~g.13.1	(c) If alive, give age	
deceased (mo., day, yr.) 8. AGE: Years Month		tt less than one day	In In
20	3 /2	hrs.	min.
11. Industry or business	(Town, county, and	••••••••••	De De
	ly	anning Control of the	01
14. Malden name naw 15. Birthplace	Tha C	Ristiano	an M
16. Informant attili	o Grag	unto -	
1	to an k	tage City	nd P
(Burial, ormation, or moral	Which?) Bate the	ereot 10 29	/944 2: year) A
Cometery or crematory	ngton	Sle	In
18. Funeral director.	Kusch	song	
Address Ha	llerely	> /rai	
19. // 28 19 (Daye rec'd by registrar)	45 Um	anda Deur	Registrar A

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State md. County Prime Keorge
	City or town (If outside city or toy) limits, write RURAL and give nearest town)
	Street No. 4300 Bladenshing Rd. (If rural, give LOCATION)
	2.(α) If veteran, name war
	3. (b) Social Security Number
	MEDICAL CERTIFICATION
	20. DATE OF DEATH 11 - 2 6 19 4 5 at 8 5 m
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
23	and that I last saw halive on
=	Immediate cause of death Conclude Confidence DUNATION
n.	
	The conditions
	Due to.
	Due to
_	
	Other conditions
	(Include pregnancy within 8 months of death)
.	Major findings of operatious.
	Date of op.
1	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
V	22. VIOLENCE: It death was due to external causes, fill to the following:
•••	Accident, suicide, or homicide.
	Where did Injury occur? (City or town) (County) (State)
	Injured at home, farm, Industry, public place (where?)
	Means of Injury work?
-	23. SIGNATURE D. D. or other
	7-1-210 10 100
AL	Address Date signed 1.1.



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1255	
1. PLACE OF DEATH	S.S. # 578-03-824	d,
County. Vruice leaving	Registration Dist. No. 2440	
Village or City. 13va programe. lust	No. St Wa	ird
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsmos	ds
2. FULL NAME Milliam Roy Asoc	N	
(a) Residence: No. 1 Brundykume, Tur	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 15 SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of		_
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from	,
6. DATE OF BIRTH (month, day, and year) May 4th 1883	I last saw have alive on May 1945; death is si	
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at \$120 ml, m	ald
62 6 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Date of ons	et
SAWYER, BOOKKEEPER, etc. Carpenter		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	f. V.f.	
kind of work done, as SPINNER, Carpendov SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked, at this occupation (month and part) year) 11. Total time (years) spent in this occupation 40 March	mitral Stenosis Cp.	1.
12. BIRTHPLACE (city or town) bedarville (State or country)	Other Contributory Causes of Importance:	
13. NAME Welliam 3. Freer 14. BIRTHPLACE (city or town)	Aboundte never 10%	S
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Education) Mary Care	Whet test confirmed diagnosis? Was there an autopsy?	
I 15. MAIDEN JAMERY Omly Matson	23. If death was due to externat causes (VIOLENCE) fill in also the following:	
15. MAIDENTAME, Emily Mation 16. BIRTHPLACE (city or town) Prince Teo Co	Accident, suicide, or homicide? Date of Injury, 19	
(State or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT COLOR CONTROL OF CO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PLACE WILLIAM AMPLIANCE 11/1, 1945	Manner of injury	
19. UNDERTAKED July Sankfur Sylver State Sankfur Sankf	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Nov. 16, 19 45 - F. W. Bellingsley	(Signed) John O. Jones M. (Address) Brandywww M.	D. ,
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 7) S. No.	-

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE

PLEASE

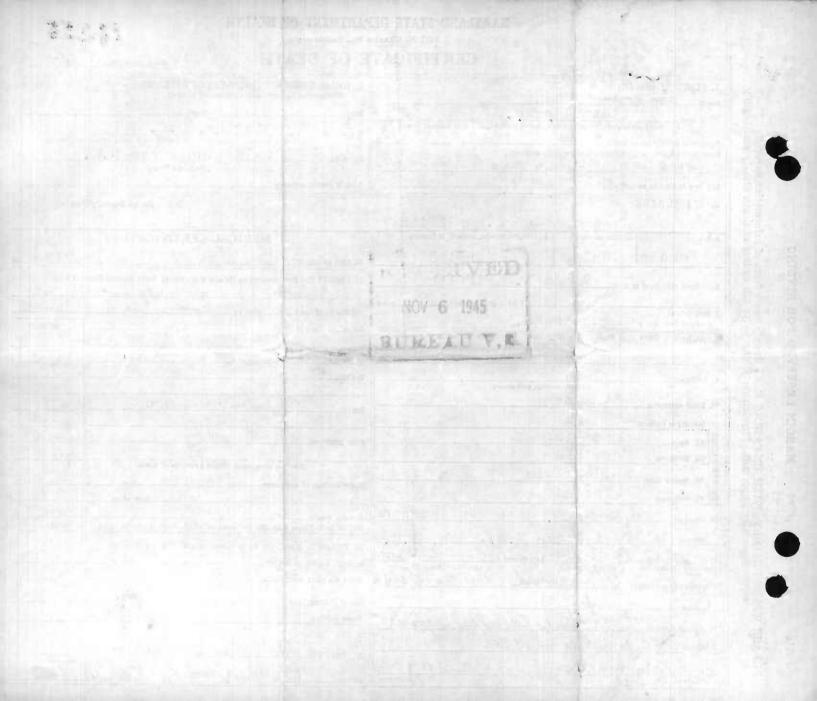
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11256

			CERTII	FICAT	E OF DEATH Reg. Dist. No. 24	<i>S</i>
County	attesvill stelde city or town lin of death? street address where d	le , Md	Eist Stone	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town Street No. 4830 - Illinois Ave N. W. (If rural, give LOCATION) 2.(a) ti veteran, name war MEDICAL CERTIFICATION	***************************************	
					1	. 1
Female	White	<u></u>	Married		20. DATE OF DEATH MUNEAULL 4 19 4.1 , at 3.3	O / M
6.(6) Name of husbaod or wife. James E. Griffith 6.(6) If alive, give ageyears 7. Birth dale of deceased (mo., day, yr.) August 23, 1877					and that I last saw heaailve on	LV el
8. AGE: Years	Months	Days	It less than one day		Su.	
68	3		hrs,	mln.	Chine myocarely	
9. Birthplace	At Home	ounty, and	stato)		a line of land	.0
11. Industry or business	500				Lui Lui	
	nomas Kir	ıg			109.	1 al
12. Name	Maryland	***************************************		***************************************	Other conditions.	au
od od	Ellen M				(Include pregnancy within 3 months of death)	
H 14. Malden name			10 00 00 00 00 00 00 00 00 00 00 00 00		Major findings of operations.	.00.000.000.0000000
19. Birthplace	Virgini	La			Bate of op.	*************
16. Informant	c James F		mpoont to a state of the specimen of a consequence of the consequence	sband	Antopsy results	Ry.
17. Suria	L		eol Orum (day)	/945 (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Henwood Cem, Two 6, 1945					Where did injury occur?)
Location	rassin	flow	26	,	injured at home, farm, industry, public place (where?)	
18. Fugerat director	The S. His	cla Co	Weshing	2D.C	Means of injury tnjured at work?	
Address 290	1-14-	1.21	WA		23 SIGNATURE US. Cellen Gulletts	
19. (Date rec'd by registrat) (Date rec'd by registrat) (Registrat					Address Bruyn Mad Date signed !! (Y)	from



RESERVED FOR BINDING

MARGIN

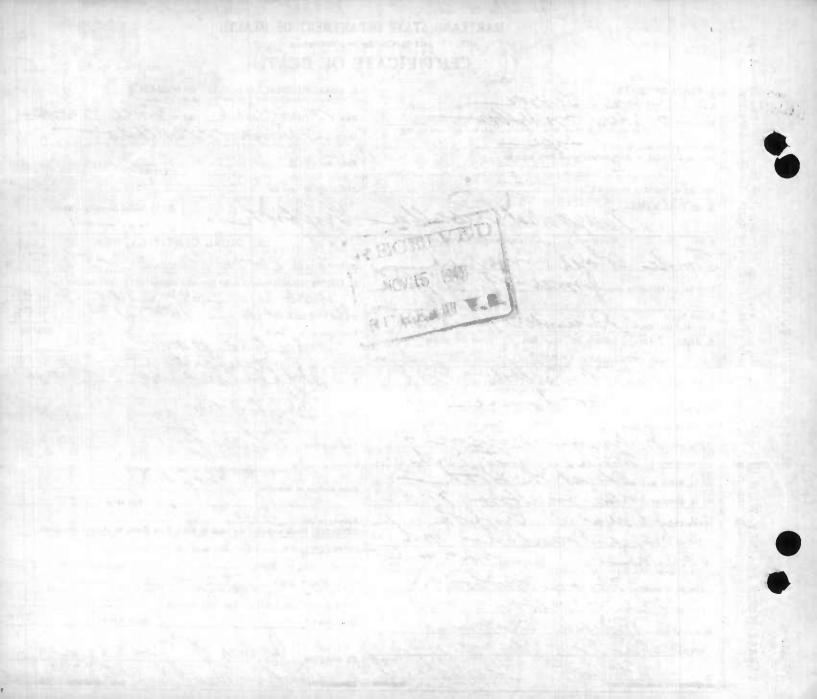
2. USUAL RESIDENCE (HOME) OF DECRASED

3. (b) Social Security Number

MEDICAL CERTIFICATION

DURATION

injured 24 home, farm, Industry, public piace (where?)



PLEASE WRITE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1337

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Preise George	(For newborn infants give residence of mother)		
City or town. Chewardia Mills write RURAL and give nearest town)	State Ind. County Mucho Low.		
How long in above place of death? A sugar	City or town Cattaga City (If outside ply or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 37/3-37th Que.		
Prence Geo General Heapt.	Street No		
How long in hospital or institution? 7 days	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Trais mrs. Leave			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
3 W W	20. DATE OF DEATH 11 - 20 1945 at 312 A		
6.(b) Name of husband or wife. George Buss	21. I CERT!FY that death occurred on the date above stated; that I attended deceased from		
	Movember 13, 19 45, 10 Nov 20, 19 43		
7. Birth date of	and that I last saw h Out alive on Most 19 19 45		
deceased (mo., day, yr.) Opere, 10,	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	acute primeplication		
45-17 3hrsmin.			
9. Birthplace. Virginia (Town, county, and state)	Due to.		
10. Usual occupation Markani			
	Due to		
11, industry or business			
12. Name John Elkens 13. Birthplace Va.	Other conditions Descriptions		
	(Include pregnancy within 3 months of death)		
14. Malden name Lilly West 15. Birthplace Va.			
15. Birthplace Va.	Major findings of operations.		
m. GRE. Vous Cola elto	Autonsy results.		
18. Informant 18. Co. At 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 3/13-37 - Wre Cattage City, Med.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, tremation, or permoyal, Which?) (Burlal, tremation, or permoyal, Which?) (anonth) (day) (year)	Accident, suicide, or homicide,		
(Rich lead least			
Cometer of cremator) Wallactes Many	Where did injury occur?		
Location Michigando, Va	injured at home, farm, industry, public place (where?)		
18. Funeral Afrector Wellacules &	Means of Injury tojured at work?		
(8 1 - 1 - 1	(de) has the		
Address filleradely neg	23. SIGNATURE		
19. 11/21 1945 Umanda Dauney	M, D, or other		
(Date rec'd by registrar) Registrar	Address That signed 1		

RECEIVED 100v 23 1945 BUHLAUVA MARGIN RESERVED FOR BINDING

MA	RVIAR	AT2 OF	TE I	DEPA	RTMENT	OF	MEALTE
W.V.	RILAI	ID OLE		IJE.E A	K I WICH		HP.AL.IP

2411 N. Charles St., Baltimore (57-d)

CERTIFICATE OF DEATH

4		11	2:	13	2	a
T.	Reg.	Dist.	No.	X	<u></u>	

1. PLACE OF DEATH: Seorge's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infants give residence of mother) State Mashimum County City or town			
City or town				
How long In above place of death?	Street No. 485- S. Sr. S.W. Wash, D.C.			
	(If rural, give LOCATION)			
Now long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME				
Alton Harris				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
m W linel.	20 RATE DE REATH May 1 3 10 4 5 7 5 8			
my single	20, DATE OF DEATH 19.4.5. et AM			
6.(b) Name of husband or wife	21. I EEFTIFY that death occurred on the date above stated; that I attended deceased from			
	June 1 1945 10 70 W. 1 19 43			
7. Birth date of	and that I last saw h. I scallye on Oet 3/			
deceased (mo., day, yr.) December 2/44.	0			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION			
// hrsmin.	The state of the s			
9. Birthplace Washington, D.C.	Due to Macra Colfa Chalina			
9. Birthplace	On the second se			
1D. Usual occupation.	- Cuttalian			
11. Industry or business	Due to			
12. Name alton Harris 13. Birthplace alexandria, Ve	Other conditions			
13. Birthplace alexandrea, Va				
14. Malden name Reggy Harris	(Include pregnancy within 3 months of death)			
14. Maiden Maine	Major findings of operations.			
\$ 15. Birthplace Cullepper, Va.	Date of op.			
18. Interment Mary 19. Davis	Autopsy results.			
10 1 10	PHYSICIAN: Please underline the cause to which death should he charged statistically.			
	AND THE MALE WAS A STREET OF THE STREET			
17 Kennoral of Bate therpot Non 1-1945	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removed Which?) Bate thereal (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory 90 // Well - OC	Where did injury occur?			
Location	Injured at home, farm, industry, public place (where?)			
18. Funeral director Harold & Valtavull	Means of injury injured at work?			
1136-7th (1 0 20 West 10 0	Q1.			
Address 436-19 St. 8. W. Wash, W. C.	23. SIGNATURE C. COORSON M. D.			
More 45 m Bushones	M. D. or other			
(Date rec'd by registrar) Registrar	Address Machine to Delinet Signed Mars 1			

MARIE AND STATE OFFICE WORLDS IN STREET

CERTIFICATE OF DEATHER

And the Printing of the Parket State of the Pa

RECEIVED

NOV 3 1945

BURLAUNE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

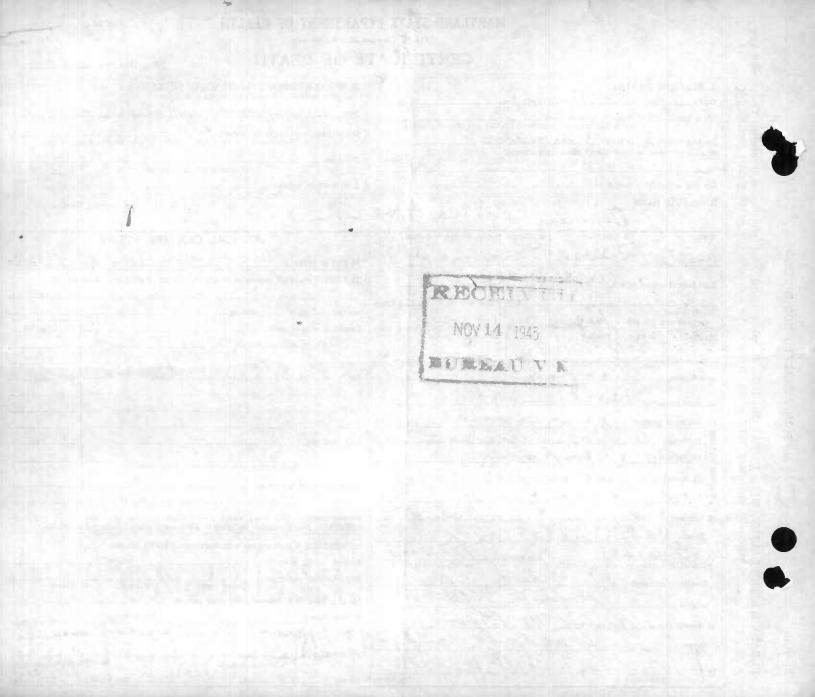
2411 N. Charles St., Baltimore 1880

CERTIFICATE OF DEATH

11260

eg. Dist. No. 240

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County County
How long in above place of death? 3 Months	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME agnes Cecilia N	erd 3. (b) Social Security Number
4. Sex 5. Color overace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jamele Colored Married	20. DATE DF DEATH November 8 1945 219:30/
8.(b) Name of husband or wife albert The d	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ears 19 19
7. Birth date of deceased (mo., day, yr.) Aety 7, 1924	and that I last saw halive on19
8 AGE: Years Months Days If less than one day	Immediate cause of death DURATHON
21 7	Topera
hrsn	nin. Enhausten
9. Birthplace	Due to Pulmosony tuteseeloses
10. Usual occupation / Loce 1	
	Due to.
11. Industry or business	
# 12 Name William Challen	Other conditions
Z 13 Birthplace Wandows	
14. Maiden name Transes alex Coopen	(Include pregnancy within 8 months of death)
S 15. Birtholace man leads	Major findings of operations.
R.A. A B.	Date of op.
18. Informant V Collecter Jen John	Autopsy results.
Address Cedenalle, has	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A 11-17-115	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
st gotton	Where did Injury occur?
cemetery or crematory	Where did lnjury occur?
Location Worlday Miles	Injured at home, farm, Industry, public place (where?)
18. Funeral director Number Ox Russe	Means of Injury tnjured at work?
Address Waldely med	helpery medical Eran
11-10- 15 71 12 11- 1	23. SIGNATURE. M. H. or other
(Date rec'd by registrar) 19 45 J.V. Ollsung Alex Recest	And traffeller 11-8-40



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County France Ferry's	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infants give residence of mother)	
City or town	State Maryland County France Cery!	2
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)	****
Hospital, Institution, or street address where death occurred:		
~	Street No	
How long in hospital or institution?	2.(a) If veteran, name war. Mountain Wave 1	*****
3.(a) FULL NAME milton Le Proy H	tols him 3. (b) Social Security Number	_
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION	
male white marine 2	20. DATE OF DEATH November 30 1945 11:20.	AM
6.(6) Name of husband or wife. Thelma n. Hophins	21. CERTIFY that death occurred on the date above stated; that lattended deceased from	15
	19, 10	
7. Birth date of deceased (mo., day, yr.) Qual. 5 1893	and that I last saw h. L. M. alive on	. F
8. AGE: Years Months Days If less than one day	Immediate gause of death OURATIO	IN
52 5 25hrsmin.	belisemia 220	N
9. Birthplace	Due to	
10. Usual occupation Famer	Due to.	*******
1t. Industry or business August		
12. Name. Henry Clay Hophins	Other conditions Acondary anemis 220	1.
	(Include pregnancy within 3 months of death)	—
14. Malden name Ella 22 ora Crossa. 15. Birthplace Ballimarl, Md.	Major findings of operations how.	
E 15. Birthplace Sallmare, Ma.	Date of op.	
16. Informani Mu Theling Hophun	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	*******
Address //// Chelvilly	22. VIOLENCE: If death was due to external causes, fill in the following:	
Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Into Gake	Where dld injury occur?	
Location mitchellville md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director of Saschis Rong.	Meens of Injury Injured at work?	
Address Afallsville Ind.	O mas & Agazaa	
12 1 ws fried Ward	23. SIGNATURE M. D. or other	
19. (Date rec'd by registrar) Registrar	Address Wher Marlbara Date signed 11-30-	45

DEC 17 1945 BUREAU V.B.

CEC I L Tata

	Reg. Dist. No. 239
COME) OF DEC	CEASED:
	RURAL and give nearest town) TION)
3.	(b) Social Security Number
ICAL CERT	FICATION 30

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DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at home, farm, Industry, public place (where?)

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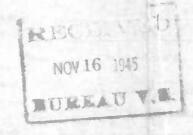
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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Sigte County
City or town (If outside city or town limits, write RURAL and give nearest town)	Cily or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 450 1 - Colles Cive.
Now long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veleran, name war
3.(a) FULL NAME FRANK-HRZ	3. (b) Social Security Number 579-03-7192
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Me It Dringle	2D. DATE DE DEATH 10.30 P
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw beautiful on 19.4.7.
8. AGE: Years Months Days It less than one day	Immediate cardinos de ath Coronary Occhision hoffinom
9. Birthplace (Town, cognity, and state)	Due to Marrowel Cumun of Muhamon
10. Usual occupation Shunder Mon	Bue to.
11. Industry or business	
12. Name. 12. Name. Onlehostopakpa	Diher conditions Australia Demichation Balanga
	(Include pregnancy within 3 months of death)
14. Maiden name Spaces Delguare 15. Birthplace Opechoslovolgia	Major findings of operations
16. Intermant Thank Onbek 11. Ag	Autopsy reality
Address 1473 - 22 ave Allage	RHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Whiche) Date thereof (peopsh) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or cremetory Cellar Bull 1	Where did injury occur?
Location Dulloy M. M.	Injured at home, tarm, industry, public place (where?)
18. Funeral director	Many of Injury Injured at work?
Address 5/7-// State.	23. SIGNATURE Mithing M. Meloy M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Maria Por in Black Marin-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OPPRIEDATE OF PRIMIT

11264

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Prince George's City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 1 yr., 11 mos., 21 days Hospital, institution, or street address where death occurred: "Iller Dale Sanatorium How long in hospital or institution? 1 yr.11 mos., 21 days 3. (a) FULL NAME ERNEST LEON Jo	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) State
4. Sea 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH. 11-5-19.45 at 6.30 A. M
8.(6) Name of husband or wife	and that I last saw h
8. AGE: Years Months Bays It less than one day	Pulmonary tulerculosis 2 yrs 9 m
8. Sirthplace	Due to. Due to. Due to.
Ernest Johnson 12. Name. Ernest Johnson Washington, D. C. 14. Maiden name. Margarette Ware	Dither conditions (Include pregnancy within 3 months of death)
15. Siringlace Washington, D. C.	Major findings of operations
18. Informant Decedent Address	Autopsy results
17. Bate thereot (month) (day) (year) Cemetery or crematory.	22. VtOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location W. askanta D. C. 18. Fueeral director. Canadagal Food	tajured at home, farm, industry, public place (where?)
19 Mov- 5, 19 45 Rowland S. Philips	23. SIGNATURE DAVIEL LEO FINISCE MED M. D. or other M. D. or other M. D. or other M. D. or other M. D. or other

MARYLAND STATE DEPARTMENT OF BEALTH OF DISTRICT OF DEATH

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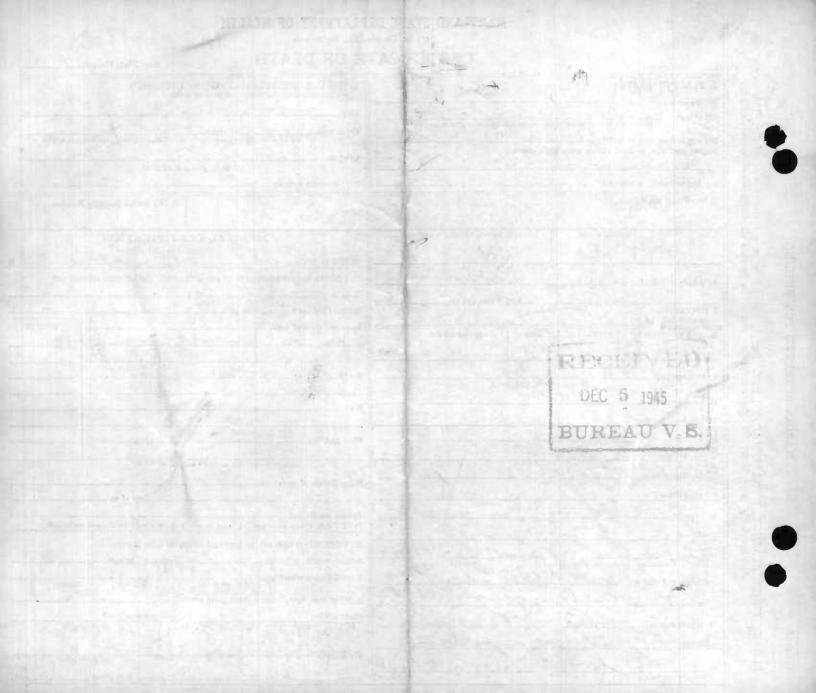
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11265 Reg. Dist. No. 246 2

The state of the s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Devlet	(For newborn infanta give residence of mother) State
(If outside dity or town limits, write RUI(AL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Respond and	Street No. (If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
anne Colherus	ones
4. Sex 5. Color or raca S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FIE W	20. DATE OF DEATH NOV. 22 19 45 at M
6.(b) Name of husband or wife Rechard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last aaw halive on
8. AGE: Years Mooths Days If less than one day	Immediate cause of death OURATION
95 3 17hrsmin.	In a construmned
	C- diameter
9. Birthplace (Town, county, and state)	Due to O Common of the Common
10. Usual occupation	
11. industry or business	Due to
12. Name	Other conditions
12. Name	
14. Malden name	(Include pregnancy within 8 months of death)
N 15. Birthplace	Major findings of operationa
ha del.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Dy Report Well 2	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial, cremation, or removal. Which 3) Date thereof 20 2719 45 (Burial, cremation, or removal. Which 3)	Accident, suicide, or homicide
Cemetery or crematory Soldiers Cemelaly	Where did injury occur?
Orando Ton DC	(City or town) (Connty) (State)
1 Part of	Means of injury injured at work?
18. Funeral director	heput medical Gamen
Address Appropriate	23. SIGNATURE SOURCE STORY
19 herre a, 6 come	M. D. or other
19	Address Date signed 1- 2- 45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore 23:0

CERTIFICATE OF DEATH

11266 Reg. Dist. No. 234

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Orange Jean gr	De la Companya della companya della companya de la companya della
(If outside city or town limits, write RURAL and give nearest town)	Test of the state
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred	Street No. 7805. Qf a H & Rd. S. E.
Burn to be broaded on feeldbullens	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
James Buchanan K	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mr. Dingle	20. DATE OF DEATH NOW 17 19 15 at M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Feb - 1937, 10 Nov. 17 1945
7. Birth date of deceased (mo. day, yr.) Qc x - 2 3 1856	and that I last saw h
deceased (mo., day, yr.) Och - 23 /856 8. AGE: Years Months Days If less than one day	Immediate cause of dath
89 25min.	ceris at priminings
8. Birthplace Baltimore nd.	Bueto GEN arteriosclerases
(Town, county, and etate)	
10. Usual occupation. La result	Due to.
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Barbara Deisender	
14. Maiden name Barbara Deisender 15. Birthplace Ind.	Major findings of operations.
16. Informant Barbara Welester	Autopsy results.
north a milian DO AS	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Day 1	22. VIOLENCE: If death was dua to external causes, fill in the following;
17. Date thereof (month) (day) (year)	Accident, soicide, or homicide
Cemetery or crematory St Sakris Episolopal	Where did injury occur?
Location Broad Creek of ago Long	Injured at home, farm, industry, public place (where?)
the temperature	Means of Injury Injured at work?
18. Funeral director.	- Alata time win
Address 100/ Michaelor La Mason	23. SIGNATURE CONTROL OF THE STATE OF THE ST
19 Mora 19 1945 Husel & Beauty	1015 Nichald & M. D. conther



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

CERTIFICATE OF DEATH

-	7 6 130 HC
Reg. Dist.	No.

1. PLACE OF DEATH: County City or town Pural (If outside city or town limits, write RURAL and give hearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State. Military Market County Coun	6.
How long in above place of death?	City or towa (If outside city of lower limits, write RURAL and give nearest limits) (If rural, give LOCATION)	st town)
How long in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME Lucie Everett King	3. (b) Social Security N	umber
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH	at IP. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that f attended decease	ed from
	1944 18 10 Himanbels 1	Y 19Y -
7. Birth date of	and that f fast saw her alive on Minerals 3	18 Y J
deceased (ma., day, yr.) Us/y 28, /86/	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Chanic Major mobile	Servel
84hrsmin.	9	news
9. Birthplace Comber and Md. (Town, county, and state)	Due to Sembs	Sime
(Town, county, and state)		glas !
10. Usual occupation Hausewife	Proto allerin selegis	Several
11. Industry or business	300 (V	hears
	Diher conditions	7
12. Name Dr. John Everett Villey		
M Avenida Flizabett	(Include pregnancy within 3 months of death)	
14. Maiden name. I I I I I I I I I I I I I I I I I I I	Major findings of operations.	*********************
	Bale of op.	
16. Informant of 1/10 May Boy ess.	Autopsy results	atisticaDy.
2 00	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemelery or cremalory Rose Hill	Where did injury occur?	(State)
Comben and Md	Injured at home, farm, industry, public place (where?)	
18. Funeral director V. Arthor Walters	Means of injury — injured at work?	
777 11 57 77	11 Can Q. Olit	
Address 634 Carroll Old D.C.	23. SIGNATURE W. D. T. M. D. T.	
(Date rec'd by registrar) Delly Selfy Registrar	180 141 M. 1.1. 1V	ouner





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.20

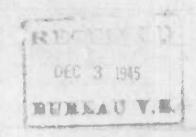
CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother)
City or fown. (If outside city or town limits, write RURAL pay give nearest town)	State Ma Count Tung The
	(If outside city or town limits write RURAL and give neapest town)
How long in above place of death?	5305-TIMINE
	Sireet No
How long in hospital or institution?	2.(a) if veieran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorcing	D//
M ()1 She as a li	MEDICAL CERTIFICATION
116 Inavier	20. DATE OF DEATH
6.(b) Name of husband or with Manue Turi	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
	MN 36 19 45, 10 MN 19 1945
7. Birth dato of	and that I last saw h
deceased (mo., day, yr.) May 11/92	Immediate cause of death
8. AGE: Years Months Days if less than one day	terretal Henry 3 lone
33 V Ahrsnr	nin.
9. Birihpiace	Due to arterocellosis making
9. Birihpiace (Town, coupty, and state) 10. Usual occupation (11. Industry or business)	
10. Usual occupation	Due to I translemente Cardia
11. Industry or business	descare byfame
12. Name Samuel Burt	Other conditions
13. Birthplace / Man	
	(Include pregnancy within 8 months of death)
14. Maiden name Lessure Campbell 15. Birthplace Leesburg, forday, Can, Va	Major findings of operations.
15. Birthplace Lesburg, Joseday Ca, Va	Oato of op.
18, Informani Manue Musy	Autopsy results
Address 3305 - 1 2126 - 1	PHYSICIAN: Please auderline the cause to which death should be charged statistically.
11/2/1/0/5	22. VIOLENCE: if death was due to external causos, fill in the following:
(Burial, cremation, or removal, Which?) Quantity (month) (my) (whee)	Accident, suicide, or homicide
Khushwalne Mitt	Where did injury occur?(City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director W. W. Chambus Co	Mesns of Injury Injured at work?
1 11 11th + 0C	Au Co Hadly
Address 3/1-1/1-1/- V.C.	23. SIGNATURE M. D. or other
19.11/19 19.45 June a Conner	126 Get FIN MAN 19 460
(Date rec'd by registrar) Regist	rar Address Dato signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

CERTIFICATE OF DEATH

11279 43,

1. PLACE OF DEATH: Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	StateD.a. County
How long in above place of death? 14 days	City or town Washington (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Clenn Dale Sanatorium	Street No. 711 - P. Street N. W.
Now long in hospital or institution?	(If rural, give LOCATION) 2.(0) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
AhMA. LAWSON	
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
Female Colored Single	20. DATE OF DEATH Movember & The 19 45 01 6 2 M
6.(b) Name of hosband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 0 2 5 to 19 45, to Nov 9 to 19 45;
7. Birth date of	and that I last saw h I salve on Nonsuley 8 te 18 45
deceased (mo., day, yr.) December 13, 1915	Immediate-sause of death DURATION
8. AGE: Years Mosths Days If less than one day 29 10 26	(A)
	Julionary Sucreeding Jus.
9. Siringlace Washington, D. C.e. (Town, county, and state)	Due 10
16. Usual occopation Cafeteria Employee	Due to
11. Industry or business	
Joseph Lawson 12. Name Joseph Lawson Washington, D. C.	Diher conditions
	(Include pregnancy within 3 months of death)
Chesley Lawson 14. Maiden name Chesley Lawson 15. Birthplace Washington, D. C.	Major findings of operations.
16. teformant Chesley Martin - Mother	Autonay results.
Address 511 Lamont St. N. W.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Remarked Morg 1011-	22. YIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Gemetery or crematory	Where did injury occur?
Location to Washington 1. C	Injured at home, farm, industry, public place (where?) Means of injury injured at work?
18. Funeral director Barbonn Bino	muents or tuber?
Address 48-K Sth. E. Wash. 2. do C.	23. SIGNATURE Daviel Lea Fruicane MD
19. Mot. 5 19 45 Kowland S. Philly (Date rec'd by registrar) 18 45 Kowland S. Registrar	Address & len Pale Ma Date signed 11/8/4.5.

HUJANG TERMYRANG LITATE GRANTERS

CERTIFICATE OF DEATH

NOV 20 1945

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

245

	Reg. Ditt. No
1. PLACE OF DEATH: Sep es	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Riverdale mg,	State and County Org Lee Co.
City or town	City or town Berury md.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death offurred:	Street No. R. H. Konte
B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Olivar Baker	Leaman 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE DF DEATH 15 19 4 1 21 / 1 3 M
6.(b) Name of husband or wife mory &, Leaman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	19, 10
7. Birth date of deceased (mo., day, yr.) 6-ct 22, 1874.	end that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
7(0 23hrs.,min.	Coffee
General mad	
9. Birthplace (Town, county, and state)	Due to.
1D. Usual occupation Climber	A Section of the sect
11. Industry or business	Due to.
	The state of the s
12. Name Sw w, Learnan	Diher codifications and the control of the codification of the cod
	frecinde pregnancy within 3 months of death)
14. Malden name Martha & mots.	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant margaret L. Lynn	Antopsy results
Address 320 n. oxford st arringion ra	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burnal 200 /19, 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, swicide, or homicide and Bate of 11-4-11
Cemetery or crematory Int Oural Cinelity	Where did injury occur? (City or town) (Connty) (State)
Location washington, Il. C.	Injured at home, farm, industry, public place (where?)
7 Marchi sons	Meens of Injury Injured at work?
18. Funeral director	blypuly medical Cyamer
Athress My alleville ma.	23. SIGNATURE CLASSICAL STATES
19 10 19 10 James Severy	M. D. or other
(Data reg'd by registrer) Registrer	Addison + oresterely had not alread 11-6-4



PLEASE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

11272

Diet No. 243

county Prince Georges 1				(For newborn infants give residence of mother)
City or town Glenn Dale, Maryland - RURAL (If outside city or town limits, write RURAL and give nearest town)			d - RURAL	Stale D. C. County
(If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 months, 14 days Respilal, institution, or street address where death occurred:				(If outside city or town limits, write RURAL and give nearest town) 1451- Church St., N.W.
Glenn D	ale Sána	tori um.	lofd the D.C.	Sireet No. (If rursi, give LOCATION)
How long in hospital or in	stitution? 4 II	onths,	14 days	2.(a) If yeteran, name war
3. (a) FULL NAME	311411007	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	L.VI
3. (a) PULL NAME	10	Yati	e Lewis	3.(b) Social Security Number none
4. Ser 5	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
F	C	W.	idowed	20. DATE OF DEATH. 1/- 5 19 45 at 5 A M
6.(b) Name of busband or	wife Henry	W. Lew	is	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date of) If alive, give ageyear	and that I last saw h. er alive oo //- Y 18 %
deceased (mo., day, yr.)	March	25, 188	3	Immediate cause of death
8. AGE: Years	Moalhs	Days	If less than one day	Pulmany thuralosis 41/2 mos
62	7	11	hrsmlo.	
· · · · · · · · · · · · · · · · · · ·	Nashingt	on D.		Que to.
u. Birthquace	(Town	, county, and s	C.Atate)	940 (4
10. Usual occupation	housew	ark		
11, Industry or business	nto.			U46 10
	Robert W	Creek		- L
	Prince			Other conditions
≤ 13. Birthplace	Poohol	MaCinor	• • Mu.	(Include pregnancy within 3 months of death)
置 14. Malden name				Major findings of operations
14. Maiden name	Arundel	Co., M	d.	Date of op.
	deceden	t		Antopsy results.
16. Informanl			•••••••••••••••••••••	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address				22. VIOLENCE: If death was due to external causes, fill in the following:
17 Crem	oral	Dale there	(month) (day) (year)	Accident, suicide, or homicide
(Burlal, cremation, or				
Cemelery or cremalory	Wa	eli.		Where did injury occur?
Location			,	Injured et home, farm, industry, public place (where?)
Location	V. Erne	st for	ves Co, 1432 11 81	Means of Injury Injured al work?
18. Funeral director	1116	111	92// N//	Y.W. D. O.
Address A	6117	LU	2000	23. SIGNATURE SAMUEL LEO I MUCANE M.D.
. Mas 5	.45	Racio	Danda Philips	m. D. or other
(Date rec'd by regist	1945 trar)	Vous	Registra	Address Steam Asle Mal Bate signed 11-5-45

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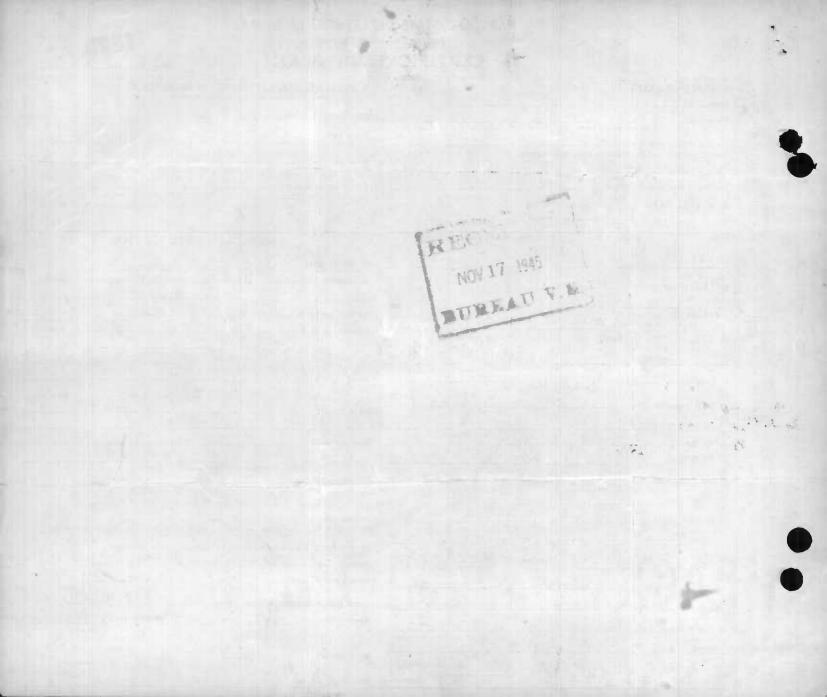
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /93

CERTIFICATE OF DEATH

11273 Reg. Dist. No. 230

1. PLACE OF DEATH: County Space Grandle	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cily or 10wn(If outside city or town limits, write RURAL and give nearest town)	State Manyland County Par State		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:			
Enroute to deland Memorial Hospital	Street No		
How long in hospital or institution?	2.(a) If yeteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Jusse Juliant Lovejoy			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M. W. Married	20. DATE DF DEATH NOV - 13 19 45 21 5-20 M		
6.(b) Name of husband or wife I will Daveyay	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from		
7. Birth date of State of Stat	and thet I last saw halive on		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Q 1		
26 5nin.	Shock Suddie		
9. Birthplace Detroit Mich	Due to.		
9. Birthplace	Electrocution		
10. Usual occupation Dennie Delan attendent			
11. Industry or business Gasolonie Station	Due 10		
12. Name	Other conditions		
Z 13. Birthplace			
14. Malden name	(Include pregnancy within 3 months of death)		
5 15. Birthplace Thomas	Major fiadiogs of operations.		
To bumpace	Date of op.		
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address \$ 660-turnahamstrive			
Transfortation Date thereof 11-15-45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide, A.C.A.A.A.A.A.Date of MANT 13, 19,45		
Cemetery or crematory Lleartown michaen	Where did injury occur? (City or fown) (County) (State)		
Localion lear Born michigan	Injured et home, farm, Industry, public place (where?)		
18. Funeral director. F. Sunda Sona	Meens of Injury High Lusses were Injured at work? Vol. forman		
Address Systerife mg.	23. SIGNATURE John D. Maloney acting Deputy medical Examiner		
" 11/150 "45 (Imanda Danney	M. D. os ather		
19. (Date/rec'd by registrar) Registrar	Address & Charles Med Date signed 11-13-45		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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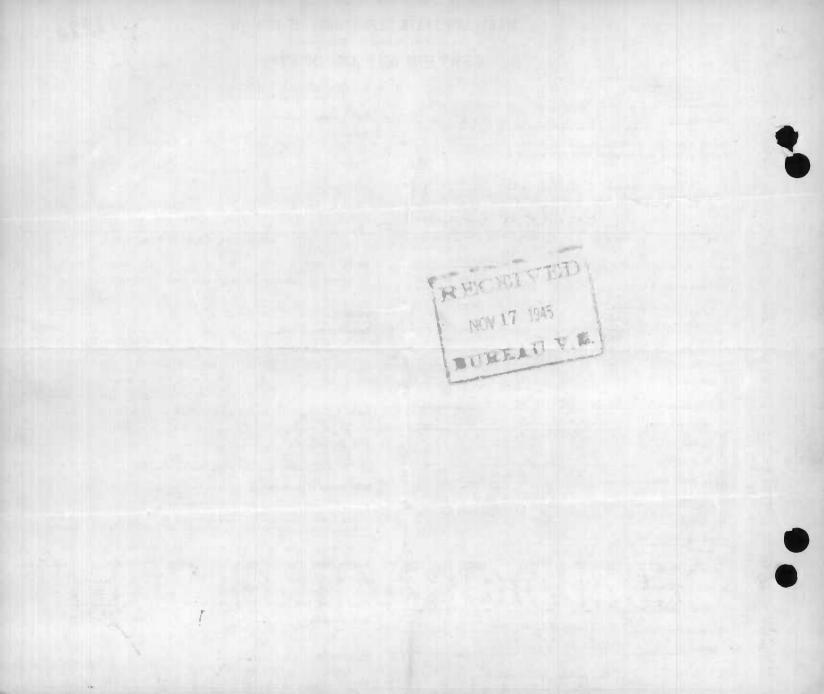
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-6

CERTIFICATE OF DEATH

11274 Reg. Dist. No. 230

1. PLACE OF DEATH: County (If outside city or town limits; write RURAL and give nearest town) How long in above place of death?. Hospital institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give rasidence of mothar) State		
3. (a) FULL NAME Carlton Love	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Walk Colorell effected	MEDICAL CERTIFICATION 20. DATE OF DEATH November 1 0 19 45, at 5:00 A 21. I CERTIFY that death occurred on the date above stated; that I eltended deceased from		
8.(b) Name of husband or wife. Same Sources Sources 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.)	19to		
8. AGE: Years Months Days if less than one day 9. Birthplace (Fown, county, and state) 10. Usual occupation.	Due to Crushed short		
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death)		
14. Malden name Lula ash 15. Birthplace Seorgia 16. Intermant William Lowe Address 06 R St. N. Wloashington VC	Majnr findings of operations		
17 Kemoval 18 (Burial, cremation, or removal, Which?) Cemetery or crematory 1. Houton Funeral Home	22, VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide the standard of the		
Location/3.22 you st n. w De 18. Funeral director of Sasch's sons Address / Ly attarilly md	Injured at home, farm, Industry, public place (where?) Meany of Sugary of on auto Collective jured at work? Leggrity reduced to the collective jured at work?		
19. Not 0 1945 Janus Dever Registrar	M.D. ar other		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0

CERTIFICATE OF DEATH

11275 23/

	Reg. Dist. No.		
1. PLACE OF DEATH: County Prince George County City or town Chevery Md	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 337 Proce George St (If rural, give LOCATION)		
How long in hospital or institution? 10 days	2.(a) If veteran, name war		
3. (a) FULL NAME Titus Watson Lusk	3. (b) Social Security 1	Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married.	20. DATE OF DEATH DOVEMBER 30 1845	, 21. 2:0 2PM	
6.(6) Name of husband or wife. Gurilla May Lusic. 6.(6) If alive, give age 6.3 years	21. I CERTIFY that dealh occurred on the date above slated: I hal I attended decea	30 19.45	
7. Birth date of deceased (mo., day, yr.) Oct. 10-1872.	and that I last saw h. 4774. alive on	19. 7. ?	
8. AGE: Years Months Days If less than one day	Immediate passe of death Conventor	DURATION H grs.	
9. Birthplace Duhring West Virginia (Town, county, and state)	Due to		
tD. Usual occupation. Refired Carpenter 11. Industry or business	Due to Cortoun closes	10 ym-	
12. Name William Lusk 13. Birthplace Princeton, West Virginias	Other conditions Acondary anemio	1 gears	
# 14. Maiden name Mary Jane Worst	(Include pregnancy within 8 months of death) Major findings of operations.		
18 Informant Shomas busk- 4220 Kennesh St. 11	Antopsy results		
Address 17. Dukiel (Burlial, cremation, or remyral, Which?) (Burlial, cremation, or remyral, Which?)	22. VIOLENCE If death was due to external causes, fitl in the tollowing; Accident, suicide, or homicide		
Cemetery or cremajory Tell My Localion Caustiel My	Where did injury occur?	(State)	
18. Funeral director long Causer	Means of injury Injured at work?		
19 Le Cerulue 3, 9 45 Cara E. Wachter (Date rec'd by registrar)	23. SIGNATURE MANUS - HOSSELLA M. D. o Address Maner Marlbow Date signed.	r other 11-30-45	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

11276245

	Reg. Diat. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town) (The outside city or town)		
Hospital, Institution, or street address where death occurred:	Sireet No. (If rural, give LOCATION)		
How long in hospital or Inetitution?	2.(a) If veteran, name war		
3. (a) FULL NAME morowsk	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. NOTE: 19 1945 19 3000 M		
6.(b) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that t last saw h		
deceased (mo., day, yr.)	Immediate cause of death		
7 () /hrsmin.	arena :		
9. Birthplace (Town, county, and state)	Due to California Calonia Alual Clescose		
10. Usual occupation.	Due to		
12. Name	Dther conditions		
14. Maiden name.	(Include pregnancy within 8 months of death)		
E 15. Birthplace	Major findings of operations.		
16. Informant Read of matthet ones Pero A	Autopsy results		
Address Chillen, had	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following:		
17. Burial, cremation, or removal. Which?) Date thereof. No. 2.1. 16.1. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery ex-seemetory. ENERGREEN	Where did injury occur? (City or town) (County) (State)		
Location RIVER ROAD BLADENSSURG-110	Injured at home, farm, industry, public place (where?)		
18. Funeral director Al James & Compliny. Address 8434 Ca Que · Salue Spring · md.	heprity medecolformer		
grov 20 16 Jeuns Sever	23. SIGNATURE DESCRIPTION DAY D. or other		
(Date rec'd by registrar) Registrar	Address Dato signed		

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NOV 23 1945

PLEASE WRIT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-2-

CERTIFICATE OF DEATH

log. Dist. No. 243

1. PLACE OF DEATH: Prince George's				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
(minol) Glann Dolo Hamiland			Maryland				
(If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	717 1 - 1 1	State D. C. County Washington		
How long in above place of death? 1 Vr., 4 mos., 12 days			nos., 12 days	City or town(If outside city or town	City or town. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:				Street No. 1307 Walla	ch Place, N. W.		
	Lenn Dale S			(If rural	, give LOCATION)		
How long in hospital or	Institution?	r., 4	mos., 12 days	2.(a) If veteran, name war	2.(a) If veteran, name war		
3. (a) FULL NAME							
		NIT	amin H.	MILES	3. (b) Social Security		
4. Sex	5. Color or race		, married, widowed, or divorced		579-07	1-8.1.1.1	
				MEDICAL	MEDICAL CERTIFICATION		
Male	Colored	Sin	ngle	20. DATE OF DEATH.	20. DATE OF DEATH. NOV. 22 19 4.5 1 7.2 A.M		
8.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the da		sed from	
CALL SWAYON STATE		0/-	Makus atus as	July 10,	1844 to No	U2218 45	
		per 22	If alive, give agey	and that I lest saw h. Oficalive on	nov.	21 1845	
deceased (mo., dey, y				Immediate cause of death		DURATION	
8. AGE: Years	Months	Days	tf less than one day	P Pranay	Tuleerculosis	1477mm	
31		040	hrs	min.		3	
9. BirthplaceS	aluda, Soui	th Car	olina	Due to.		*	
	Tahanan	ounty, and s	atej		***************************************		
10. Usual occupation		**************		Bue to Kight tulier	culous	9/2mo	
11. Industry or business				_ empyen	ra	1/2	
12. Name George Wiles			000000000000000000000000000000000000000	Other conditions			
12. NameG	Saluda, So	outh Ca	arolina			***************************************	
-41	Sophie Yo	oung		(Include pregnancy with	hia 8 montha of death)		
14. Maiden name 15. Birthplace				Major findings of operations	***************************************	***************************************	
	Saluda,				Date of op.		
18. Informant	Decedent		***************************************	Autopsy results			
Address				PHYSICIAN: Please underline the cause			
12	0		71 12 1 800	22. VIOLENCE: If death was due to extero	pal causes, fill in the following;		
17. Company	or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Dale ot		
The same of the sa			(money) (day) (year)				
Cemetery or crematory			1	Where did injury occur?(City or to	own) (County)	(State)	
Location Washington, J.C.			Y.C.	Injured at home, farm, Industry, public plan	ce (where?)		
18. Funeral director Comment Symmetry Hyper			meral Horn	Means of Injury	Injured at work?		
4	e 1/1	1			0 1.		
Address 608 (An Nu			1 100.0:	23. SIGNATURE Daniel 6.	80 + mucano	m.D.	
19. Mov. 22, 1945. Rowland S. Philips (Date rec'd by registrar)			and S. Philips	Address Vlen Dal	RO F MICANE M. D. o M. D. o	r other	

MARGIAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13-6 CERTIFICATE OF DEATH

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince George's	(For newborn infants give residence of mother)
City or town (Rural) Glenn Dale, Maryl and (If outside city or town limits, write RURAL and give nearest town)	State County Washington
How tong in above place of death? 3 mos. 9 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium	Street No. 1809 Rosedale St. N. E.
Graim pare panacol.Tml	(If rural, givo LOCATION)

County Frince	beorge!	S	••••••		D C		
City or town (Rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)			State D. C. Co	unty	••••••••••••••••••••••••••••••••••••••		
How long in above place of death? 3. MOS. 9. days					City or town	e muita DIDAL and sire nec	mant taural
Hospital, institution, or street address where death occurred:			Street No. 1809 Rosedal	e St. N. E.	est soway		
Glenn Dale Sanatorium				LOCATION)	/		
How long in hospital or ins	titution?	mos.,	9 days	***************************************	2.(a) If veteran, name war		V
3. (a) FULL NAME			21	(,		3. (b) Social Security 1	Number
	SEA		Short	a MI	TCHELL.	None	
	. Color or race		e, married, widowed, o	r divorced	MEDICAL C	ERTIFICATION	235
Female	Colored	Si	ngle		20. DATE OF DEATH Moveurl	1945	3
6,(b) Name of husband or v	elfa –				2f. I SERTIFY that death occurred on the date ab	ove stated; that t attended decoa	sed from
					July 25 ac 18		
7. Birth date of	Manah	26, 19	T allve, give age	years	and that I tast saw h. A alive on	w. 3 W	18 44 5
deceased (mo., day, yr.)	Months	Days	I If less than one o	low	Immediate cause of death		DURATION
8. AGE: Years	moutus	8	11/1/2002				
15	1	1	hrs.	mln.	(Telmonary V)	elleveelves	10 mg
e. Birthplace Was	hington.	D. C.	***************************************	244888000040888800000000000000000000000	Due to		
	(Town,	, county, and a	state)		V /	***************************************	***************************************
10. Usual occupation	(Child)	****************		•••••••	Due to	***************************************	
11. Industry or business					***************************************		***************************************
到 12. Name Oct	avius P.	Mitch	ell		Other conditions		
13. Birthpiace	Baltimore	e, Mary	land				
H 14. Maiden name	Marie	Carter			(Include pregnancy within 3		
H-1	Washing			# # 0 - 0 0 0 0 # 0 0 0 0 0 0 0 0 0 0 0	Major findings of operations		
						Date of op	
16. Informant	acedent		********************	340000000000000000000000000000000000000	Autopsy results		
Address							musucany.
Reador	nl +		. MAR 3	19115	22. VIOLENCE: If death was due to external ca		
(Burial, cremation, or	removal. Which?	Date there	eof (month)	day) (year)	Accident, suicide, or homicide		
Cemelery or crematory					Where did injury occur?(City or town)	(County)	(State)
11/1	aslin	rator	, D. V.		fulured at home, farm, industry, public place (v		
Location		-///	ol He		Meaes of Injury	injured at work?	
in up	MADAI	11 AAUA	ay None	200			

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Mov.3 (Date rec'd by registrar)

M. D. or other 23. SIGNATURE.

MANTEAND STATE DEPARTMENT OF STATE

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MURLAUVE

2411 N. Charles St., Baltimore /3/-02

M. D or other

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County County City or town County City or town limits, write RURAL and give nearest town) Street No. 4 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
3.(a) FULL NAME Q	
Jours Wesley W	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white married	20, DATE DF DEATH November 18 19 45 21 11 00 Am
mystle Foruse More	2f. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife	19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day hrs. mio. 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name 14. Maiden name 15. Birthplace	and that I last saw h
5	Major findings of operations.
18. Informaci Aluk 7. greene	Aotopsy results
Address 4 5 0 - Muscoll (4) My acceptance of the control of the co	22. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory autuable Cusultury	Where did injury occur?
Location Sawfuckety K. J. D.	Injured at home, farm, industry, public placa (where?)
18. Funeral director A W Mauroles Co	Means of Injury Injury Injury 1 to Warry 1 t

23. SIGNATURE

Address.

Registrar

VS A15

PLEASE

Address

(Date rec'd by registrar)

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case is especially important. Physicians: please write the causes of death clearly and legibly.

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

11280

CERTIFICAT	LE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME CLARCES D MONTGOMERY	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male while maner	20. DATE OF DEATH NOW 16 194 N at 10 A A
6.(b) Name of husband or wife. Anlan. Willkerma. Manufanna. 6.(c) It alive, give age. 6.9 years deceased (mo., day, yr.) Felly 5-1875	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19
8. AGE: Years Months Days If less than one day 70	Due to Agy Jorlensine Beat Lange & Tena
10. Usual occupation Mushand 11. Industry or business mercantile business	Due to Courding Reconfessation 3 mg
12. Name Manalla Mantpankry 13. Birthplace Elvs Es my 14. Maiden name Alie Doins 15. Oirthplaco Charles Co. ms	Other conditions
15 Michalaco Charles Co ms	Major findings of operations.
16. Informant mus fuller mantigement	Autopsy results
17. Bull Date thereof 11-19-46 (month) (day) (year) Cemetery or crematory. Lt Prus Cumlus	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicido, or homicide
(1) .110.1 has	(City or town) (County) (State)
18. Funeral director Santa M. Duell	Means of injury Injured at work?
19. MM 1 7th 19. 5.5 Men Sing 13 Carts (Dato rec'd by registrar) Registrar	Address Aug Level Dato signed 77/X5



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

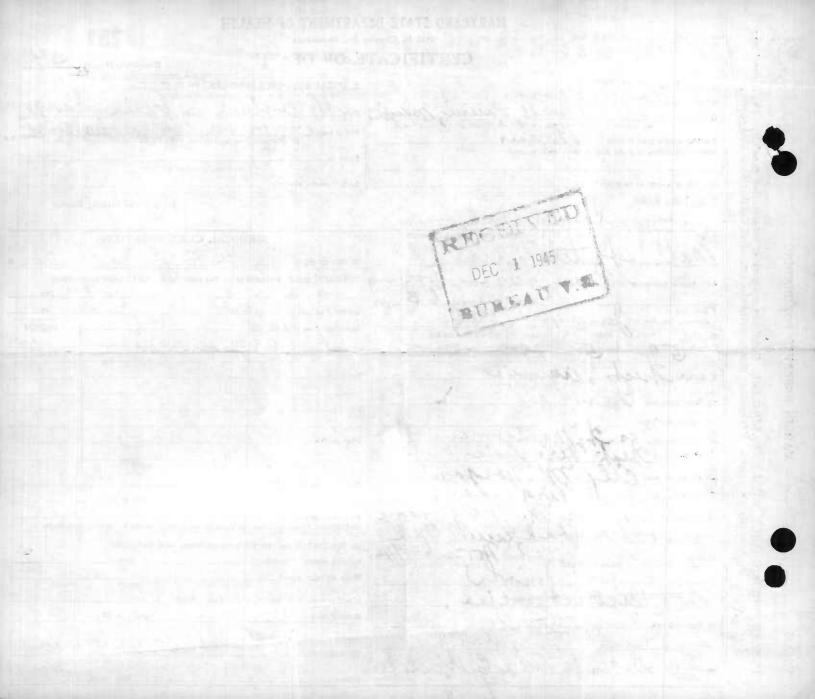
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore



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		D:-			9	3	9

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or lown	State County County City or town City or town limits, write RORAL and give nedrest town) Street No. (If rural, give LOCATION)
How long in hospital er Institution?	2.(a) If veleran, name war
Slove Home Montgomery	3. (b) Social Security Number
Male Thate Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH NOW 2 3 19 45 at 12 20
8.(b) Name of husband er wife Assay Assay (assay assay	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
decoased (mo., day, yr.) 4 4 - 1886 8. AGE: Years Months Days If loss than one day	Immediate cause ni death DURATION
9. Birthplace Telefor (Town, Jounty, and state)	
10. Usual occupation Tarmer	Due te.
11. Industry or business 12. Name Dia Amontyoner 13. Birthplace Hest Virginia	Differ cooditions Bulant Milandia
E 14. Maidon name Glymman Morgan	(Include pregnancy within 8 months of death) Major findings of operations.
18. Infermant. Mrs. Mary M. Montgomen	Autupsy results
Address (Full Jack Zaule M. 17. Durish (Burial, cremation, or comoval. Which?) (Burial, cremation, or comoval. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
cometery or efematory for series	Where did Injury occur?
18. Funeral director logk Kaiser. Address Laura, Maryland.	Means of Injury Injured at work? MUZELLAND
19 Macuela 2619 45 Cag G. Warlet (Bate rec'd by registrar)	23. SIGNATURE M. D. or other M. D. or other Address Address M. D. or other M. Or other M. D. or other M. Or other M. Or other M. Or other M. Or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

leg. Dist. No. 242

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Dung land County Trive 9067-104
(troutside eity or town limits, write RUR, L, and give nearest town) How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	1/401
6401 Well-miel Reg	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alberta morre	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION AM
Jense Gal Confernal	20. DATE OF DEATH 19.45 at //100 M
8, (b) Name of husband or wife Robot. Money	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	200 1 1945 to low 7 1945
7. Birth date of years	and that I last saw h 22 alive on 10 10 11 11 11 11 11 11 11 11 11 11 11
deceased (mo., day, yr.) // du./ // 1895	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Lacober Hacussing
50 5 min.	
9. Birthplace (Town, county, and state)	Oue to Special
10. Usual occupation.	Oue to
11. industry or business	
12. Hame 13. Birthplace New C	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. Sobel Jockson 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations.
E 15. Birthplace	
16, Interment Marie Jackson	Antoney results
11. CO 14000 =0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address you - Walter meet Ry.	22. VIOLENCE: it death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory, Payres Cemetary	Where did injury occur?
Location Washington LGC.	injured at home, farm, Industry, public place (where?)
S N- Johnson	Means of Injury Injured at work?
Address Address	DI-TROOM
AUDICOS TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO	23. SIGNATURE LO COLOR
19. Mrs. 10 19.45 California Registrary	WWW Plens 117-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Lawrell - my	State County Conty
(If outside city or town limits, write Rivers, and give negrest town)	City or town Bettsvill
How tong In above place of death?	(If outside city or town limits, write RURAL and give necrest town)
Hoapitaly Istitution, or street address wager death occurred:	Straet No.
Transi Horrisal 1	Sireet Ro
How long in hospital or institution? Sauffs	2.(g) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
marie Moser	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ m m	11 12 11 210
J Marrien	20. DATE OF DEATH. // / 3 & S. / O.P.M.
6. (b) Name of husband or wife. Charles Mosey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.45 10 11 - 13 19.45
7. Birth date of	and that I last saw h alive on
deceased (mo., day, yr.)	B. I
8. AGE: Years Months Days If less than one day	Immediato cause of death DURATION
120	assumone 3 day
6/min.	alyte Carshal Sil
9 Rirthniace	Due to Chronic Inspecuality 1640
9. Birthplace	Brown his a d Continue in his
10. Usual occupation Laurenment hul Mel	
2/	Due to.
11. industry or business	
12. Name	Other conditions
12. Name	
	(Include pregnancy within 8 months of death)
14. Maiden name Mullimanu 15. Birthplace Flacul	Major findings of operations.
15. Birthplace France	Date of on.
(Mayos Managen)	
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Settemell, med,	PAISICIAN: Flease adderime the cause to which death should be thanked statistically.
B: 20 11-13-45	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial, cremation, or removal. Whichi	Accident, sulcide, or homicide
	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Walf	Injured at home, farm, Industry, public place (where?)
18. Funeral director Surveluculos Co	Means of injury Injured at work?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1011
Address Mucdello, Man	23. SIGNATURE 10 / Varian
Joh 10 must m. Brashery of	M, D, or other
(Date rec'd by registrar) Registrar	Address TRALLE Well Date signed AL 7 3 4 5.

12 NOVIS 1915

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-7

CERTIFICATE OF DEATH

11.284

			n
Reg.	Diat.	No.	1

02:111110111	Reg. Dist. No.
1. PLACE OF DEATH: County Prince George's, Md. City or town Glenn Dale, MdRURAL (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 yrs. 2 mo. Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 6 yrs., 2 months	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME JAMES WILSON 4. Sex 5. Color or race 6. (a) Slogle, married, widowed, or divorced married married	MEDICAL CERTIFICATION 20. DATE OF DEATH NOV. 21 M 19 45 at 2 A
Evelyn Mosely 6.(b) Name of hosband or wife 6.(c) If alive, give age ? years 6.(c) If alive, give age ? years 7. Sirth date of deceased (mo., day, yr.) Dec. 16, 1899 8. AGE: Years Moaths Days If less than one day 45 11 5 hrs. min. 9. Sirthplace Roanoke, Va. (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.3.9. to North 2100 19.45 and that I last saw h. Last. alive on North 2601 19.45 Insmediato cause of death
10. Usual occupation. Waiter 11. Industry or business 12. Name William Mosely (dec.	Due to
14. Maiden name Lula Barkon Radford Co., Va. 16. Informant decedent	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17 Remodel (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address 18. Vo - 9 th A N. Wosh, D. C. ODato rec'd by recistrar ODato rec'd by recistrar (Burial, cremation, or removal, Which?) Dato rec'd by recistrar Registrar Registrar	22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide

DEC 4 .045

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 46.0

3. (b) Social Security Number

2 19 41- 21 8:15 PM

5 19 45 10 how. 2

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A 14	1/8
	-

carefully

information of d

1. PLACE OF DEATH:

Hospital, Institution, or street address where death occurred: 3513-Bunker Kill Rd

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

Street No 3513-Bunker Hill (If rurai, give LOCATION)

3. (a) FULL NAME

tf less than one day

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

7. Birth date of

deceased (mo., day, yr.) Dec. 6.

8. AGE:

11. Industry or business 12. Name James & Bell

12. Name.

14. Malden na 15. Birthplace

Means of Injury

Registrar

Where did injury occur?

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town) Injured at home, farm, Industry, public place (where?)

Accident, suicide, or homicide.....

MARGIN RESERVED FOR BINDING PLAINLY, vis especially WRITE **VS A15**

important.

..... RESOLUTION NOV, 6 1945 BUREAU V.E.

UNFADING INK. Supply every item of information carefull ant. Physicians: please write the causes of rearn cleans.

WITH UNF.

especially

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-8)

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leg.	Diat.	No.	0	10	

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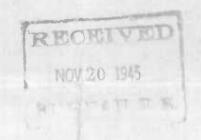
CERTIFICATE OF DEATH

How long in above place	attsville	Mary lits, write F LO ye	rland URAL and give nearest town) BYS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence uf mother) State Md Pro Geo Co City or town Hyattsville Maryland (If outside city or town limits, write RURAL and give nearest town) Street No.			
How long in hospital or institution?					, give LOCATION)		
3. (a) FULL NAME			***************************************	Z.(G) II veteran, name war			
00 (0) 2 0 22 1111112		Phi	Lip L. Ordwein	3. (b) Social Security Number			
4. Sex male					L CERTIFICATION , 1945	4;55 PM	
6.(b) Name of husband	or wile		rdwein Ott alive, give age 52 years	21. I CERTIFY that death occurred on the da	ate above stated: that I attended dece	ased from	
7. Birth date of deceased (mo., day, ye		7. 18	391	and the last saw halive on	wv 16	194.5	
8. AGE: Years 54	Months	Days	If less than one day	Immediate cause of death	1		
9. Birthplace	Printer U. S. G	over		Due to.			
12. Name		man y	***************************************	Dither conditions		*********	
14. Maiden name		Meyo	***************************************	Major findings of operations			
18. Informant	s Cra T C Hyattsvi			Autopsy results		***************************************	
17 Buri		Date there	Nov 19, 1945 (month) (day) (year)	22. VIOLENCE: It death was due to extern Accident, suicide, or homicide	Date ot		
	Berwyn Ma			Where did injury occur?(City or to		(State)	
1B. Funeral director				Injured at home, farm, Industry, public place Meens of Injury	Injured at work?	***********************	
			lle Maryland	70	1 6		
Address 19 OU / 8 (Date rec'd by regi	1945	Jan		23. SIGNATURE Address 7 - 16/	StyceMan	mele	

Address 7.0 - 16/45

A15 AS PLEASE WRITE

MARGIN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-7)

CERTIFICATE OF DEATH

11287 og. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	raisely brever Here's
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (If outside city or town limits, we fee RURAL and give nearest town)
Hospital, Institution, or street eddress where death orcured:	Street No. 6/12-449 place.
6112 n 9 4 ft.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Katherine Kalefman	Parker 3. (b) Social Security Number
4. Sex 5. Color or rade 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temal white widowed	20. DATE OF DEATH 700 26 19.45 at 11.45
6.(b) Name of husband or wife. Supsh X. Porker.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 1942, to Nov 26
7. Birth dale of	man man in the second
deceased (mo., day, yr.) + 6 8 1854	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral Thromboses I week
9 9 1/hrsmln.	
9. Birthglace Rename (Town, county, and state)	Due to Lunial asteriosdes 25 yr
10, Usual occupation. Housewife	
2.517.	Due to.
11. Industry or business	
E 12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations.
2 15. 6irthplace Bellymore	Date of op.
18. Informant Alfry KJR fall	Autopsy results
Address 1912-111th pl Burulale, mo	PHYSICIAN: Please underline the cause in which death should be charged statistically.
13 unial now 99 1945	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or remoral, Which?) Bate thereot (month) (day) (year)	Accident, suicide, or bomicide
Cemetery or crematory was a second of the company o	Where did injury occur?
Location Baltimore Md.	Injured at home, tarm, Industry, public place (where?)
6 4144. 8 4 1	Means of Injury Injured at work?
18. Funeral director. J. M.M. A. A. Ca.	D11000
Address 600/2 4 St nE. Alashingon We	23. SIGNATURE IN Maleu MA
10 Most 27 19 H5 James Devery	M. D. or other
(Date rec'd by registrar) /Registrar	Address 1 W Class of MM Bate signed



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charles	St.,	Baltimore	(46
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24	III N. Cha	ries St., Ba	Itimore 4	-0
CERT	IFICA	TE OF	DEAT	TH

		000	0	
	- 4	-00	2/	2
eg. Di	at. No		7	7

1. PLACE OF DEATH: Seonges.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Same Learges.	(For newborn infants give residence of mother)
City or town Laurel	State County Sure Leonges
(If ontside city or town limits, write RURAL and give nearest town)	City or town annendale
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Market Has b.	Street No. annendale Mormal Justitute
2	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Brother Telecian Vatrick	XXX
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Kingle	non 95- 45 9 3
	20. DATE DF DEATH 19. 21 19. 21 A. N
8.(b) Name of husband or wife.	21. LCERTIFY that death occurred on the date above stated; that Lattended deceased from
	Non 25 1955
7. Birth date of Ab. O. 12 . 2 mil	and that I last saw heather alive on Mou 3 5 1971
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
	Coronar opromocin 1das
7/ / / 3 hrsmln.	
9. Birthplace Mewark Ohio (Town, county, and state)	Due to allere Grelleroses 5-9.
10. Usual occupation Clergyman	***************************************
	Due to
11. Industry or business	
12. Name Dersas M- tachiber	Diher conditions arcus sua
₹ 13. Birthplace	degroed Colou 2 yer
14. Maldon name Bridget O'Shea 15. Birthplace Proland.	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Scaland.	Date of on
18. Interment Hosp. Decard	Autopsy results
Address	PHYSICIAN: Please underline the cause te which death should be charged statistically.
17 Bassil 11/27/10115	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory Brothers Cemetery	Where did injury occur?
Location ammendale Med	Injured at home, farm, industry, public place (where?)
18. Funeral director W. W. Chambers leo.	Means of Injury Injured at work?
Address Riverdale Mila	Mhanna
no 21 - m. Brushons	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 11/20/45

10V30 1915

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17070

CERTIFICATE OF DEATH

11289 Reg. Dist. No. 240

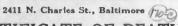
1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Truck George	(For newborn infents give residence of mother)
(If outside city of town limits, write RURAL and give nearest town)	State County Cou
How long in above place of deaths	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	
Old Orandania Model	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veieran, name war
3. (a) FULL NAME oseph Trenton P	2. (b) Social Security Number
4. Sez 5/ Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Policel 1. 10	St. hall 10 11 1'and
110000000000000000000000000000000000000	20. DATE OF DEATH AS PEUBLE 19 10/1 at 1:00 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age	
7. Birth date of years	and that I last saw halive oo
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
1. C. V.	Herraphan and
19 4 6min.	phoen
9. Birihpiace (Town, county, and state)	Due to Tractify & Chest
10. Usual occupation anto	The office of the ferries
11. Industry or business School Board	Due to.
# 12. Name Joseph H. Proctor	
¥ 13. Birthplace	Ciher condilions
	(Include pregnancy within 3 months of death)
14. Malden name North Personal	Major fiedings of operations
E 15. 8irthplace Moderate	
16. Interment Description	Autopsy results
1. William of the second second	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Maria Ma	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or reporal, Which?) (Burial, cremation, or reporal, Which?)	Accident, suicide, or homicide Replent Date of / 1-19-41
ma laborel -	Where did injury occur? (City or town) (State)
Cemetery or crematory	(City or town) (State)
Location The Locat	Injured at home, farm, Industry, public place (where?)
18. Funeral director / Fulliful State	Meanfrathium a Cartle Middent at notit?
Address There marloon ma	pelpuly might de chouse
And the state of t	23. SIGNATURE M. D. or other
19. Mos. 20 19. 60 F A Julius Sley	Address Heroster 11-14-41

NOV 33 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



Reg. Diat. No. 9

	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Nince Glorges	
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
an Comy Jacel	(If rural, give LOCATION)
Now long in hospital or institution?.	2.(a) It veteran, name war
3. (a) FULL NAME Jourse Protor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a), Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Single	20. DATE OF DEATH Merchen 19 1945 at 1:00 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last sew halive on
deceased (mo., day, yr.) R AC.F. Years Months Days It less than one day	Immediate cause of death
8. AGE: Years Months Days It less than one day	Typing and
Propalerions, montourd	The troped soulle
9. Birthplace(Town, county, april state)	Due to The China Real + Namones and Leave
19. Usuat occupation lisher esher	
11. Industry or business Restour aut	Due to
	Other conditions
12. Name A Coctor	
	(Include pregnancy within 3 months of death)
H 14. Walden name Elizabeth V. Proctor St. Sirthplace Wayley	Major findings of operations.
15. Birthplace	Date of op.
16. Interment	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Byselsovol - mo.	
17 Sursial , Bate thereof /1-23-45.	22. VtOLENCE: If death was due to external causes, till in the tollowing; Accident, solcide, or homicided and a large and a l
(Burial, cremation, or removal, Which?) (month) (day) (year)	I m min Chamber P. C. in a
Cemetery or crematory	(City or town) (County) (State)
Location Market Market Miles !!	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Tours of the State of State	Means of Injures were Cartlest Minured it projekt he
11/1 4211/11-1118	leputy medical thornun
Address Thor Hambon 1100 a	23. SIGNATURE M. D. or other
19 102 20 18 40 A Killingsleis	11-19-45
(Date rec'd by registrar) Registrar	Address Date signed T.S.

ATTACK TO STANKING WATER

to the Opposite one will



NOV 6 1945

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Prisice Georges	(For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md: County Prince Georgis City or town Brentwash		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 3809 - Jaylon Atalet (If rural give LOCATION)		
Now long in hospital or institution?	2.(a) I1 veteran, name war		
3. (a) FULL NAME Walter a. Rhyndress	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male thite married.	20. DATE DE DEATH NOV 30 th 19 45 at 5:10 A M		
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			
7. Birth date of deceased (mo., day, yr.) Nov. 8th 1887	and that I last saw h. Lica alive on North Level 29, 18.45		
8. AGE: Years Mosths Days It less than one day	Carcinoma of Januares with		
58 0 22min.	metastasis to liver averal mosts		
8. Birtholace Huntsville Canada (Town, county, and state)	Due to.		
10. Usual occupation. Carpenter	Due to		
11. Industry or business			
12. Name Walter Rhyndress 13. Birthplace N. U.	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden same	Major findings of operations Carcinorna of Penerseas with Multan Has in to Missin Date of op. 9-28-45 P448		
Mr. Ethal Plan dies	Autopsy results.		
Address 3809-Joylan St. Brentwood W	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory. Fard Lincoln Countery	Where did injury occur?		
Location Bladenshing rud. I	injured at home, farm, industry, public place (where?)		
18. Funeral director Ot. Or. Chambers Co.	Means of Injury tnjured at work?		
Address Riverdale, Md.	an appropriate for the second		
19. There 3 b. 18 45 James Sever Registrar	23. SIGNATURE M. D. as where Address At Ranne W Bate signed // 20.41		

RECEIVED DEC 3 1945 BUREALT

The state of the s

M. D. or other Date signed 12 - 2

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside cky on fown limits, write RURAL and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION 19.45 - at 7.500 M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 194 4 to 11-20 194 5 (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (County) Injured at home, tarm, industry, public place (where?) Injured at work?

CENTER OF TRANSPORT OF TRANSPORT

DEC 7 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

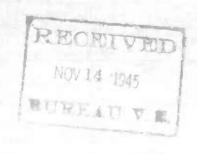
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	P 6 mrs			O HOUSE DECIDENCE (FLORATE) OF DECISED			
1. PLACE OF D	Prince	ieorge		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Prince George City or town (If oneside city or town limits, write RURAL and give nearest town)				State Md. County Prince George			
City or town(If	ontside city or town	limits, write F	URAL and give nearest town)	Tinaln			
How long in above pla	ce of dealh?	5 year	S	City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution,	or street address where	death occurred	le de la companya de	Street No.			
	***************************************	140000000000000000000000000000		(if rural, give LOCATION)			
How long in hospital	or Institution?			2.(a) If veleran, name war			
3. (a) FULL NAM	WE			3. (b) Social Security Number			
		Corn	elia D. Scott				
4. Sex	5. Color or race	6.(a)Singi	elia D. Scott e. married, widowed, or divorced	MEDICAL CERTIFICATION			
Female	Col.	Mar	ried	20. DATE OF DEATH 201. 6 19 45 at 6 30 72.			
				20. DATE DF DEATH			
6.(b) Name of husban	d or wife P.A.	, 5000	<u> </u>	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7., 10. 2000. 5			
	********************	6.(c) If allve, give age 7.9 years				
7. Birth date of deceased (mo., day	ve Octobe	r 10t	h,1865	and that I last saw h			
8. AGE: Yea		Days	I If less than one day	Immediate cause of death			
80	•	26	hrsmln.	Carlin Delatati 2 days.			
		120	······································				
9. BirthplaceW	est Va.		state)	Due to Consulta Februllation 2 mm			
	(Town		state)				
1D. Usual occupation	House	wile		Due to			
11. Industry or busine	ess		and the state of the state of the				
12. Name W	illiam Cl	ninn		Dither conditions			
12. Name	Md						
		100070	~ A	(Include pregnancy within 8 months of death)			
王 14. Maiden nam	. Judia (110	Major findings of operations			
14. Maiden name	West Va	•		Date of op.			
	.A. Scott	t		Antonsy results.			
10, taioimeot				PHYSICIAN: Flease underline the cause to which death should be charged statistically.			
Address	incoln, l			22. VIOLENCE: If death was due to external causes, fill in the following:			
17 Remor	on, or removal. Which	. Date ther	eof 2006 (month) (day) (year)				
(Burial, crematic	on, or removal. Which	?)	(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or creme	tory			Where did injury occur?			
Location	arhu	more		Injured at home, farm, industry, public place (where?)			
\$	L. DD.	. (Sund of	Means of Injury Injured at work?			
18. Funeral director.		7	N 9	1014			
Address	अम्म	, cur	Y www	23. SIGNATURE TENNS M.D. or other			
19/las.	1945	on	a ket Benutto	11 - 11 - 11 - 11 - 11			
(Date rec'd by registrar) Registrar				Address Bruie WM Date signed 11-6-45			

VS A15

PLEASE



2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

lem Dale md Date signed 14/18/45

CERTIFICATE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (rural) Glann Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Da County County
How long in above place of death? 11 mos. 20 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Bospital, Institution, or street address where death occurred:	Sireel No. 1328 Trinidade Ave., N. E.
Glenn Dale Sanatorium	(If rural, give LOCATION)
Now long in hospital or institution? 11 mos., 20 days	2.(a) If veteran, name war.
EdWARD CHARL	ES SCHADE 3. (b) Social Security Number 577-09-6968
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divorced	20. DATE OF DEATH November 18 19.45 at 1/2 A.
8.(6) Namo of husband or wife. Lilia C. Schade	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of Tonysory 6 7000	100 29 1944 10 WOV /8 1945
deceased (mo., day, yr.) January 6, 1908	and that I last saw h
8. AGE: Years Monibs Days If less than one day	Immediate cause of death DURATION Pulmous Tuferwhie 145-da
37 10 12hrsmla.	
9. Birthplace Washington, D. C. (Town, county, and state)	Due to Tuberculous Empyona 14t 5de
10. Usual occupation Electrician	B. A.
ff. Industry or bosiness	996 1G.
Henry C. Schade 12. Name Henry C. Schade 13. Birtholace Germany	Diher condilions
	(Include pregnancy within 8 months of death)
1 6	Major findings of operations.
	Date of op.
fB. Informant Decedent	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Man to Do	Injured at home, farm, industry, public place (where?)
Location P D at 10	Means of Injury injured at work?
18. Funeral director T., F. Contella	() 00 M
Address 122- North toap. It.	23. SIGNATURE AND FINANCIAN M. D. or other
19. Nov. 18 19 45 Rowland S. Phely (Date rec'd by registrar) Registrar	Address Sleve Dale MA Date signed WIST 4.5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

MARYLAND STATE PERARTMENT OF HEALTH SALES OF STREET, SPECIAL PROPERTY OF THE PARTY OF THE PAR CRESCRICATE OF DEATHER

RECEIVED NOV 27 1945

MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore 12. CERTIFICATE OF DEATH 1. PLACE OF DEATH: Prince George's , Maryland 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Glenn Dale , Md., RURAL (If outside city or town limits, write RURAL and give nearest town) information carefully. 19 days How long in above place of death? Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 19 days 2.(a) If veteran, namo war..... 3. (a) FULL NAME SCOTT 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced ADING INK. Supply every item of Physicians: please write the causes-BINDING married female colored Andrew Scott 6.(b) Ramo of hosband or wife. 7. Birth date of August 25. 1887 decoased (mo., day, yr.) Immediate cause of death Years Days If loss than one day 8. AGE: RESERVED 26 58hrs. Culpepper, Virginia (Town, county, aud etate) housewife 10. Usual occupation..... MARGIN 11. Industry or business 12. Name...... 13. Birthplaco Thornton Fitzhugh important. Culpepper, Va. Celia Brown (Include pregnancy within 8 months of death) 14. Malden oas 15. Birthplace 14. Malden oame..... Culpepper, Va. PLAINLY, Vis especially decedent 16. informani PHYSICIAN: Please underline the cause to which death should be charged statistically. Address //- 20- 45 (mouth) (day) (year) Memoral (Burial, cremation, or removal. Which?) Date thoreof... Accident, suicido, or homicide..... Where did injury occur?(City or town) WRITE Means of Injury Injured at work? ASE 23. SIGNATURE.

(If outside city or town limits, write RURAL and give nearest town) 1809- Riggs Pl., N.W. (If rural, give LOCATION) 3. (b) Social Security Number none MEDICAL CERTIFICATION

NOVEMBER 20 1045, 2:50P. 21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from 9 1845 10 NOVEMBER 20 1941 TUBERCULOSIS

22. VIOLENCE: If doath was due to external causes, fill to the following:

Injured at home, farm, Industry, public place (where?)

MARTAND STATE DESCRIPTION OF HEALTH

NOV 29 1945

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

CERTIFICATE OF DEATH

Reg. Dist. No. 243,

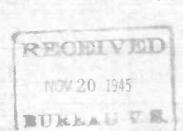
1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(miral) Glenn Dale, Maryland	State. D. C. County
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write EURAL and give nearest town)	Machineton
How long in above place of death? 8 mos . 17 days	City or town
Hospital, Institution, or street address where death occurred: Clenn Dale Sanaborium	Street No. 2129 - 15th St. N. W.
How long in hospital or institution? 8 mos., 17 days	(If rural, give LOCATION)
3. (a) FULL NAME	
	3. (b) Social Security Number 238-24-8779
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH Wovember 9 1945 at 955/
G.(b) Name of hosband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give ageyea	February 23 1845 10 KATEINTEY 9 1845
7. Birth date of November 5 30/5 100 1	and that I last saw h JM alive on Wattern feet 9 19 45
8. AGE: Years Moaths Days If less than one day	Immediate cause of death DURATION
27	Pelmonay Tuberculois 9MO
The second of th	
9. Birthplace. Concord, North Carolina (Town, county, and state)	Due to Syphilis 198
Gook	4 Mos
1D. Usual occupation	Oue to Branchopleund futula dul to the 3 mos
11. Industry or business	
Tom Simmons	Dther conditions
13. Birthplace Concord, North Carolina	(Include pregnancy within 3 months of death)
Laura Allsbrooks 14. Maiden name Laura Allsbrooks 15. Sirthplace Concord, North Carolina	Major findings of operations.
5 Sinthplace Concord, North Carolina	Major maings of operational Date of op.
16. Informant Decedent	Antony results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrops	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whichi) (Burial, cremation, or removal, Whichi)	Accident, suicide, or homicide
Cemetery or crematory. to Wash. And N.C.	Where did lajury occur?
USING COLD OF CHICAGO J	injured at home, farm, industry, public place (where?)
Location Delac Y	Means of injury lojured at work?
18. Funeral director JC. V. Sortor	means of infait
Address 1329 wow. It must	(1) a in / I ima a mo
1 0 15 P 0 1 POIDE	23. SIGNATURE M. D. or other
18. Mov. 9, 18 47 Nocucand S. Jeney	ar Address Very XAG MV. Date signed 1/9/45

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF DEALTH

CERTIFICATE OF DEALTH

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age and a second	7 00 33 00 15	PARTMENT OF HEALTH Se St., Baltimore (2)-2 'E OF DEATH Reg. Diat. No. 22	45
information carefully. The comof death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	Le org
format f death	3.(a) FULL NAME Mamie Tindlul Sy	nith. 3. (b) Social Security N	umber
	4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 14 November 1945	20%
RESERVED FOR BI. G INK. Supply every i	6.(6) Name of hasband or wife. Warran Ewen Smith 7. Birth date of deceased (mo., day, yr.) Tebruary 26,1842. 8. AGE: Years Months Days If less than one day 73 A hrs. min. 9. Birthplace (Town, County, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
MARGIN WITH UNFADIN important, Physi	11. Industry or business 12. Name	Bither conditions	
	16 Informant Chart.	Major fiedings of operations	atistically.
WRITE PLAINLY	17 Burtal (Bnrial, cremation, or remaral. Which?) Cemetery or crematory George Washington Location Memorial J Berusy Ma	22. VIOLENCE: tf death was due to externat causes, fill in the following: Accident, suicide, or homicide	(State)
VS A16 PLEASE W	18. Funeral director. F. Laschis Sous Address Hysthorille gud 18. Funeral director. F. Laschis Sous (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Means of injury Injured at work? 23. SIGNATURE LA M. D. or M. D.	other



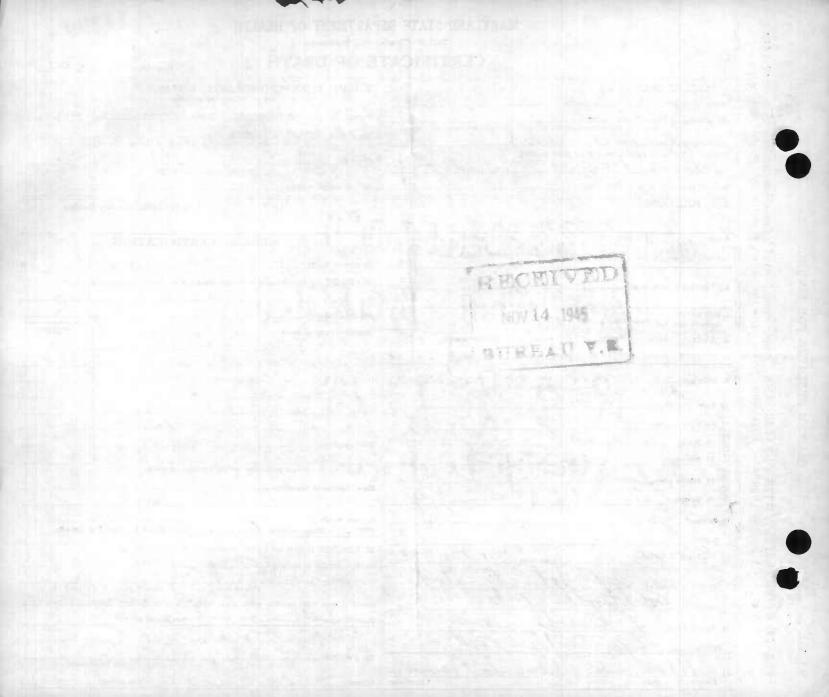
MARGIN RESERVED FOR BINDING

PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County True Georges	State Maryland County Price george
City or town (If outside city or town limits, write BURAL and give nearest town)	City or town Lauhan
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Truck Clearly and Hospe	Sheet No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Wesley Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white surpris	2D. DATE OF DEATH 0 30A
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
S.(6) Name of husband or wite	
7. Birth date of	and that t last saw halive on
deceased (mo., day, yr.) (lc) & , 1 7 7 1.	Immediate cause of death
B. AGE: Years Months Days to tess than one day	Kengellege
4 1 3	Shoch
9. Birthplace (Town, county, and state)	Due to Cogung de fraction
1D. Usuat occupation	Shall
11. Industry or Instiness	Dye) o tally
	and start part of
12. Name Lucio Lucio America 13. Birtholace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Stadie Varnebaker 15. Birthpiace District 1 Columbia	Major findings of operations.
15. Birthplace Alistreet Coling	Date of op.
6. Informant Assets	Autopsy results.
Address Jankon Mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Nov 12 1945	22. VIOLENCE: ft death was due to external causes, fill in the following: Accident, suicide, or homicide the suicide that th
(Burial, cremation, or removal, Which?) (month) (dag) (year)	70 7 70 7
Cemetery or crematory.	Where did injury occur?
Location Bellantle Ma.	Injured at home, tarm, industry, public place (where?)
18. Funeral director F Lasche 2003	Means of Injury 100 Many 100 May 100 M
Address Styattently ma:-	Reputy reedical Expune
11/10/11/11/11/11/11/11	23. SIGNATURE D. or other
(Date ree'd by registrar) 18 Registrar	Address Thestert Water signed 1 9 - 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-2

CERTIFICATE OF DEATH

11300 Dist. No. 245

	Reg. Dist. No
City or town. (If conside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give hearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Gertrude Frances	Soules 3. (b) Social Security Number
4. Sex 5. Color or xace 6.(a) Single, married, widowed, or divorced wall widowad	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20 19 4 19 4 19 4 19 4 19 4 19 4 19 4 19
6.(b) Name of husband or wife. Ited Soulce 5.(c) If alive, give age years 7. Birth date of	21. SERTIFY that death occurred on the date above stated; that I attended deceased from 19.1.7.4. to 24.19.4.5
deceased (mo., day, yr.)	and thet I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Conclusion Of the Conclusion Of
9. Birthplace (Rown, county, and state) 10. Usual occupation Assessing (Due to. Luxur hujacarship
11. Industry or business	Oue to
12. Name Phu Robert lennell 13. 8irthplace austintown, hig.	Other conditions
14. Maiden name William Charles	Major findings of operations
16. Informant mes Josephine E.B. Welson	Autopsy results
Address 17. Date thereof and 1941 (Burial, cremation, or removal, Which?) Date thereof and 1941 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. Deproved	Where did injury occur?
18. Funeral director.	Means of Injury Injured at work?
Address Afallerelle Md,	23. SIGNATURE COOR SUPPLY CONTROL OF THE COOR OF THE C
19. Att. 2 1 18 45 Janua Devey Registrar	Address Date signed # 62)



UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

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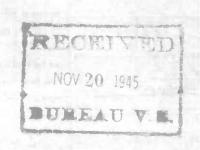
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



11301

1. PLACE OF DEATH: County First Group County First		Reg. Dist. No.
3. (d) FULL NAME Millard H. Sutton 3. (b) Social Security Number 4. Set 5. Color or race 8. (a) Single, married, widowed, or directed Talk 1. Social Security Number MEDICAL CERTIFICATION 2. DATE OF DEATH VOYENDER 18, 19. 50. 21. 1. 39/18 2. DATE OF DEATH VOYENDER 18,	City or town. (If outside city or town limits, Arite RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearly town) Street No. 5444 (If rural, give LOCATION)
4. Sex 5. Dolor or race 5. (a) Single, married, widowed, or divorced Male Tulite Male Tulite 6. (b) Name of hubband or wife. Catalle Male of the Second of		
8.(b) Hame of husband or wife. Labelle 18.10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Millara H. Sutton	
T. Birth date of deceased (mo., day, yr.) S. AGE: Years Months Bays II less than one day S. Birthplace S. Common S. C	male relite	20. DATE OF DEATH November 18, 19 45, 21 /2 30/M
Second S	6.(c) It alive, give ageyears	November 16 19 45 10 November 17 19 43
8. AGE: Years Months Days It less than one day 18. Birthplace According to the following: 19. Usual occupation. Amenaployed 11. Industry or business 12. Name. Amenaployed 14. Walden name. Anthonia Amenaployed 15. Birthplace Perguna 16. Informant Amenaployed 17. Warrant Amenaployed 18. Informant Amenaployed 19. Informant Amenaployed 19. Informant Amenaployed 10. Walden name. Anthonia Amenaployed 11. Industry or business 12. Name. Amenaployed 13. Birthplace Perguna 14. Walden name. Anthonia Amenaployed 15. Birthplace Tengenia 16. Informant Amenaployed 17. Warrant Amenaployed 18. Informant Amenaployed 19. Informant A		and that I last saw h. 1.772. alive on
11. Industry or business 12. Name Vinical Author 13. Birthplace Virginia Actific Author 14. Maiden name Thirdenia Thomas Virginia Major findings of operations Date of op. 18. Informant Indonesia Virginia Date thereof (Burial, cremation, or removal Wijehr) Date thereof (City or town) Country (State) 18. Funeral thrector Address Authors Address Major findings of operations Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide Date of (City or town) (Country) (State) Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work? 23. SIGHATURE M. D. Grander M. D. Gr	8. AGE: Years Months Days It less than one day	
12. Name Vinity Substituted 13. Birthplace Virginia 14. Malden name. Theodosian Varrians 15. Birthplace Virginia 16. Informant Woman Wasier findings of operations. 18. Informant Woman Wasier findings of operations. 19. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: 17. Cemetery or cremation, or remayoral. Which the state of the stat		Bue to Coronary Heart Disease Several day
14. Malden name. Institution of death) 15. Birthplace Turquis 16. Informant Institution of Date of op. 18. Informant Institution of Date of op. 18. Informant Institution of Date of op. 18. Informant Institution of Personal Wilders Institution of Per	11. Industry or business	A /
14. Major findings of operations. 15. Sirthplace Vergenes 18. Informant Hornan I Novel Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Bate of op. City or town of the following: Means of injury occur? Means of injury occur? Means of injury public place (where?) Injured at work? M. D. Omesher 19. Address M. D. Omesher	15	
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide. Bate of Where did injury occur? (City or town) (County) (State) Injured at work? M. D. organical statistically. 23. SIGNATURE. M. D. organical statistically. 24. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide. (City or town) (County) (County) (State) Injured at work? 23. SIGNATURE. M. D. organical statistically. 24. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide. (City or town) (County) (State) Injured at work?		
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Bate of Where did injury occur? (City or town) (County) (State) Injured at work? M. D. organical statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at work? 23. SIGNATURE. M. D. organical statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at work?	3 15. Birthplace Vergines	E CONTRACTOR DE LA CONT
Address 54/4 Revertable A. Revertable, Max. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide	18, (ntorman)	Autopsy results
Bate thereof (Burial, cremation, or removal. Which?) Cemetery or crematory (City or town) Location Means of injury (State) Injured at home, tarm, industry, public place (where?) Means of injury Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury 23. SIGNATURE M. D. or other	Address 5414 Reverdale RA, Reverdale, Md.	
Location Injured at home, tarm, industry, public place (where?) 18. Funeral director Means of injury Injured at work? Address MO Consumble M. D. order 19. 19. 45 Amenda Noune M. D. order	(Burlal, cremation, or removal, Which?) Bate thereof month) (1979) (year)	Accident, suicide, or homicide
18. Funeral director Massell Belog & Means of Injury Injured at work? Address 19 19 19 19 15 amanda Noune 23. SIGNATURE M. D. order	Cemetery or crematory cellatifel Clinify	
Address Aug Talle Mid. 23. SIGNATURE 23. SIGNATURE M. D. OFFICE M. D. D. OFFICE M. D. D. OFFICE M. D. D. OFFICE M. D.	- 11911 Cancellera (2)	
10 1/19 1075 amanda Downey 10 0 M. D. orasher	Aug - A DO MIX	22 CIOMATHOS
	19. 11/19 1945 amanda Working Registrar	M. D. omaker



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74

1	13	02
Reg.	Diat.	No. 2 00 >31

1. PLACE OF DEATH: Prime George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
County La DZ	Mora lucid processo Consul		
(If onesida eity or town limits, write RURAL and give nearest town)	Ch DD - LID T		
How long in above place of death? I years	(If outside rity or town limits, write RURAL and give nearest town)		
Macrital incitiation or street address where death accurred:	Street No. 2-1H Markenway		
Z-H Morthway	(If rural, give LOCATION)		
How long to hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	EEL S.(0) Social Security Humber		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. DATE DE DEATH November 15, 18 4.5 at 140 PM		
8.(b) Name of husband or wife Lolin R. TEEL	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
1.1.	October 3 19 44 to november 15 19 45		
7. Birth date of Manager 7 La 10 no	and that I last saw h le alive on Nov Eurobe 15, 19 45		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
45 2 22nic.	lementalie Lendenia 2 years		
9. Birthplace Plummerville, Conway County, Vil	Que to.		
8. Birthplace (Town, county, and state)			
10. Usual occupation.	Due to		
11. Industry or business			
12. Name Tagor H. Mayor 13. Birtholace alimne Georgia	Other conditions		
13. Birthplace alime, georgia			
14. Malden name Henry Estella Comby 15. Birthplace Kenton, Tenn.	(Include pregnancy within 8 months of death)		
15 Birthalace Kenton Tenn	Major findings of aperations		
Colors B. Teel	Date of op		
18. Informant	Autopsy resulta		
Address 24H Horthway, Greenbell, Mid.			
17 Burial 17 1945	22. V10LENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Bellaville nd	Injured at home, farm, industry, public place (where?)		
18. Funeral director & Dasch's Sorry	Means of injury Injured at work?		
Address Hyallerille mil	Heres Wordule M.D.		
11/17/ 45 1 1/2	23. SIGNATURE		
19. (Date reg d by registrar) 19. 45 Amanda Shung	Address 30-D Pridge Rd, Greanbell Marite signed 11-15-45		

RECESS 1945

age

MARGIN RESERVED FOR BINDING PLEASE VS A15

	PARIMENT OF HEALTH
FILM No. I O O FEB 7-1948- CERTIFICAT	E OF DEATH Reg. Dist. No. 2 42
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(\sigma) If veleran, name war
3. (a) FULL NAME Tuke Thompson	3. (b) Social Security Number
Male Hogro Wilawco	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVELLE 11, 19 4 5 21 10 P. N
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Seff. S 1877 8. AGE: Years Johns Days If less than one day 6. Co If allve, give age years years 7. Birth date of deceased (mo., day, yr.) Seff. S 1877 8. AGE: Years Johns Days If less than one day 6. Co If allve, give age years years 7. Birth date of deceased (mo., day, yr.) Seff. S 1877 8. AGE: Years Johns Days If less than one day 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10 10 19. 10 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Location 4640 Benning Rd., S.E Wash., D.C. 18. Funeral director Address/225-//Sh Street (Date ree'd by registrar) 19. //- 2 (Date ree'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

DEC 5 1945
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PLAINLY, is especially

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

	- 13		31	14		
Reg.	Dist.	No.	2	4	3	

1. PLACE OF DEATH: County Prince George's					2. USUAL RESIDENCE	E (HOME)	OF DECEASED:	
City or town. (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)					State D. C.		County	
	(If outsi	de city or town lin	nits, write F	URAL and give nearest town	City or town Wa	on his on out and		
				days		eity or town lim	its, write RURAL and gi	ve nearest town)
		Dalo Sor			Street No.	9 - Defr	ees St. N. 1	V. /
				um			ve LOCATION)	V
How long In h	ospital or ins	titulion?	11Q.e.s	L Qays	2.(a) If veteran, name war,			0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
3. (a) FUL	L NAME	BEN	76	MEN, T.	HORNTON	,	3. (b) Social Secu	urity Number
4. Ser	15	Color or race	LA (a) Singl	e, married, widowed, or divorced				?
							CERTIFICATION	
Male		Colored	AA AA	idowed	20, DATE OF DEATH	ov. 16	19.5	45 11 11 00 N
3.(b) Name of	hosband or w	Johan	na Br	own	21. I CERTIFY that death occ	urred on the date o	bove stated; that I attended	d deceased from
I. Birth date o	***************************************	P88* *** a a a a a a a a a a a a a a a a		e) If alive, give age	years Defit A	7,1	1. T. S 10	1050
deceased (m		Septer	mber 1	9, 1885	and that I last saw h.c.c.			
B. AGE:	Years	Months	Days	If less than one day	Immediate cause of death		• • • • • • • • • • • • • • • • • • • •	DURATION
	60	1	28	hrs	. mlo. ////	. da	11 200000	1/20
	Wa	chington	D C			wy		THE?
9. Sirthplace.		(Town, e	ounty, and a	tate)	Due to		******************************	
11. Industry or	hnolage				Due to		**************	************************
41		oniominos	Thornt	on		****	***************************************	***************************************
		Unknown	LIIULII.	0/1	Dther conditions		***************************************	*********
≤ 13. Birtho					(Include pr	eenancy within 5	months of death)	
된 14. Malde	n nameA.				Major findings of operations			
15. Birthp	lace	Unknown	J		hajor namngs et operannus			
6. toformant		cedent						
		both had shade had do do dy shift		•••••••	Antopsy results PHYSICIAN: Please underli			
Address		0 /		11 // 1/ -	22. VIOLENCE: If death was	s due to external ca	auses, fill in the following:	
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)				Accident, suicide, or bomicide				
Complete or crematory. Location Washington D.C.			Where did injury occur?	(City or town)	(County)	(State)		
			tnjured at home, farm, Indust	ry, public place (where?)	*****************************		
18. Funeral director 2 9 X Assume			Means of Injury		Injured at work?			
Address	1191	14 9/	P		0		2 0.	
		V 11 16		0 1000	23. SIGNATURE	weel L	20 - much	ane mD.
9. Mo	U. 6	1 19 45	Kor	vlaud S. Plus	JAS Address & Sea	, Dale		. D. or other

MARTIAND STATE DATATINENT DE HEALTH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-

CERTIFICATE OF DEATH

11305 Reg. Dist. No. 243.

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (rural) "lenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State
	City or town
How long in above place of death?	
Glenn Dale Sanatorium	Sireet No. 2/12 - 17th St. N. (If rural, give LOCATION)
How long in hospital or institution? 1 mo., 29 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LEON WASHINGT	
4. Sox 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE DF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Hame of hosband or wife	Sept 20 1945 to Nov 18 1945
7. Birth date of August 20 7070	
7. Birth date of deceased (ma., day, yr.) August 29, 1919	and that I last saw h. A.A. altre oo
8. AGE: Years Mosths Days If less than one day	Immediate cause of death DURATION
o. Ade.	Pullmanag Tutewises 3 973
26 2 20hrsmln.	
9. Birtholaca Washington, D. C.	Bue to Fatal hemoptysis 2 da
(Town, county, and state)	
1B. Usual occupation Elevator Operator	
	Due to
11. Industry or business	
12. Name Unknown	Dither cooditions
Z 13. Birtholace	
Ada Washington	(Include pregnancy within 3 months of desth)
E TY. marcon removation	Major findings of operations.
\$ 15. Birthplace Orange County, Virginia	Date of op.
16 Informant Decedent	Autopsy results
16. Informani	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Removal to Date thereof Nov. 18, 1945	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory	Where did lajury occur?
11/aslington D.C	Injured at home, farm, industry, public place (where?)
Location	
18 Fundad director W Ernest Garves Co	Means of Injury tnjured at work?
Address 1432 8400 20 9790	Da in Par Primar mo
11-015 11+12 P. 10 DO C.	23. SIGNATURE M. D. or other
(Sate ree'd by registrar) (Sate ree'd by registrar) (Sate ree'd by registrar)	Address & lengt Dale MA, Bate signed 11/18/45

HARVAND STATE DEPARTMENT OF HARE MANYAGE DAYS THE CATE OF DAYS HE

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RECEUT: NOV 27 1945 MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

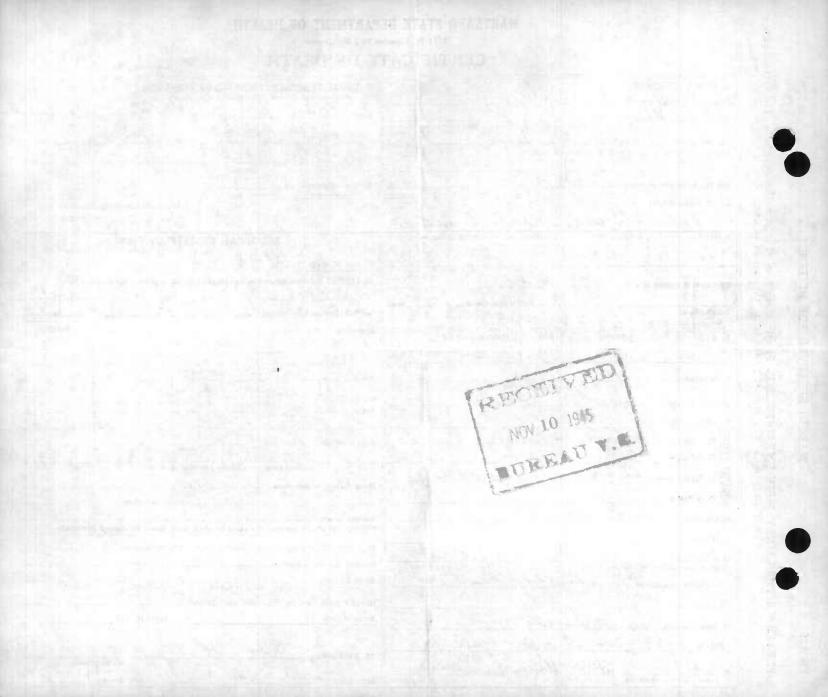
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Prince George City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. /2 // 6 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 /
mrs. Grace Whiteside	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
$ T \omega $	20. DATE DF DEATH 11-8-45 19 31 1 P M
6.(b) Name of hosband or wife. I rank 6.(c) If alive, give age. 50 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 - 15 19 45 10 11 - 8 - 19 45 10 11 - 8 - 19 45 10 11 - 8 - 19 45 10 11 - 8 - 19 45 10 11 - 8 - 19 45 10 11 - 8 - 19 45 10 11 11 11 11 11 11 11 11 11 11 11 11
deceased (mo., day, yr.) 6-26-189	Immediate cause of death
8. AGE: Years Months Days If tess than one day	Cacheria toxeria
9. Birthplace	Bue to al comme de Curonaforio
12. Name. Frank Franz 13. Birthplace 7. 4.	Dither conditions
14. Maiden name almina Smith 15. Sirthplace N. y.	(Include pregnancy within 3 months of death) Major findings of operations.
Hasto tal Record	
16. Informant Hospital Record	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burial, cremation, or removal, Which?) Cemetery ur crematory. It. Lenwer Beineterry	22. VIOLENCE: tf death was due to external causes, filt in the following: Accident, suicide, or homicide
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Jan. Fr. Burch Sons	Means of injury Injured at work?
19. (Date ref d by registrar) 1948 Umanda Dauney Registrar	23. SIGNATURE SOO, South M. D. of other 8-45

Registrar Address...



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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×		~ 0	2	43	
Reg.	Dist.	No		/	

				Reg. Dist. No		
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Prince George's City or town (rural) Tenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 MO 9 days			Maryland URAL and give nearest town)	State D. C. County		
Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium				7173 - O. St. N. W.		
How long to hospital or institu	utlon?	L mo.,	9 days	2.(a) If veteran, name war		
3. (a) FULL NAME	ERN	EST	INE	WILLIAMS 3. (b) Social Security Number		
4. Sex 5. C	5. Color or race 8.(a) Single, married, widowed, or divorced		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female C	ale Colored Single			20. DATE OF DEATH NOVEMBER 27 1945 01 4:48 pm		
8.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.)			c) If alive, give age	and that I last saw h. E. R. altre oo VOVEMOER 7 19.7.		
8. AGE: Years	Months	Days	It tees than one day	Immediate cause of death DURATION PULMONARY TUBERCULOSIS 27705		
25	6	2	hrs.			
11. Industry or business 12. Name Erne 13. Sirthplace F1	rivate	iams	itate) ress	Due fo		
				Major findings of operations.		
16. Informant Decedent				Antopsy results		
Address 17. Caronal Ta. (Burial, cremation, or re Cemetery or crematury	Washi O 9	y ton	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Date rec'd by registrar	1945	/ \.	Regis	fra Address Vienn Dale Ma Date signed "-27-45		

MARYEAND STATE DEPARTMENT OF HEALTH

DECEMBER OF LEASE OF PROPERTY AND ADDRESS.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-13

			OBIGINI TON	IL OI BLAIN	Reg. Dist. No	
1. PLACE OF DE		l g		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED;	
County Prince George's City or town (rural) Glenn Dale, Maryland (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? 28 days		State Da C.a Co City or town Washington (If outside city or town limit	unty			
How long in above place of death?			d: rium	Street No. 406 Eastern Av		
How long in hospital o	r Institution? 28	days		2.(a) It veteran, name war		***************************************
3. (a) FULL NAM	E Will		Genevive		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	Colored	Ma	rried	20. DATE OF BEATH.	26. 1945	,al 6 A
			Williams c) If alive, give age 22 years	21. I CERTIFY that death occurred on the date about 10 - 29	Y.T., to	-26 19 Y 5
deceased (mo., day,	m) March	21, 19	924	Immediate cause of death		DURATION
8. AGE: Year 2		Bays 14	It lose than one day	Pulmany Tuber	-l-si	
10. Usual occupation. 11. Industry or busines 12. Name	Clerk in	Dry C rton Co., V	. itate) leaning Estab. irginia	Due 10	months of death)	
14. Maiden name.	Caroline	Co.,	^V irginia	Major findings of operations		••••
16. laformant	Decedent			Autopsy results		
17R	or removal, Which?)	Je.	n c Huine	22. VIOLENCE: 11 death was due to external car Accident, suicide, or homicide	(County)	(State)
19. Address 9	20 9 26,945 gistrar)	Ros	N.W. Valar & Philips	23. SIGNATURE & Amil Leo Address & Lenn Dale		MD or other 11-26-4,

DEC 4 1945

BURKALTA

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Zelen Pringle Wilson	3. (b) Social Security Number
1. Sex Jemale 5. Color or race (S.(a) Single, married, wildowed, or divorced married.	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(c) Name of husband or wife	and that I last saw h Wally on Stroventher 25 19 45. Immediate cause of death Mutas babis & a. of braun DURATION
3,9 10 25 hrs. min. 9. Birthplace	Due to M slavou a ore mally Then mulliple milostates Due to
11. Industry or business 12. Name Derry 1. Pringle 13. Birthplace Vernout 14. Malden name Journa Orescott 15. Birthplace Vernout	Dther conditions
18. Informant	Major findings of operations. Date of op. Autopsy results PHYSICIAN: Please nuderline the cause to which death should he charged statistically.
Address 17 Bulli al (Burial, cremation, or removal, Which?) Cemetery or cremator: Location Waltervalle, Manne	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Land See Sons Co Address 300 - 4 - A. N. B. B.C. 19. // 25	Means of Injury Injured at work? 23. SIGNATURE Address Address





PERASE WRIT

VS A15

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

Reg. Diat. No. 243.

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County Washington		
How long in above place of dealh? 2 months Hospital, Institution, or street address where dealh occurred: Glann Dala Sanatorium	City or town (If outside city or town limits, write RURAL and give nearest town) Street No		
Now long in hospital or institution? 2 months.	2.(a) If veteran, name war		
3. (a) FULL NAME WOOD ELOISE	3. (b) Social Security Number 579-03-0963		
Female 5. Colored 5. Colore	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 6 30 22. Market of Death		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19.44 19.45 and that I last saw h. 45 alive on 19.45		
8. AGE: Years Mooths Days If less than one day 41 9 16	Immediate cause of death DURATION DURATION 3		
0. Birthplace	Oue fo		
12. Name. J. Holly 13. Birthplace Charlotte, North Carolina	Other coodillons		
14. Maiden name Alice Harden 15. Birthplace Charlotte, North Carolina	(Incinde pregnancy within 3 months of death) Major findings of operations		
16. Informant Decedent	Autopsy results		
17. Removal Bate thereof 150. 25 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Was Gunglon, D. S.	Where did injury occur?		
18. Funeral director / Law an / Delier Inc. Address 424 - A St 721	23. SIGNATURE Daviel Le D. Finnicare m.D.		
19. Mov. 24, 19 45 Rowlands, Plulipa (Dato rec'd by registrat) Registrat	M. D. or other		

